National Indian and Inuit Community Health Representatives Organization

PROTECTING OUR FAMILIES

Resource Manual on the Non-Traditional Use of Tobacco in First Nations and Inuit Communities

RESOURCE MANUAL
on
The Non-Traditional Use of Tobacco in First Nations and Inuit Communities

"PROTECTING OUR FAMILIES"

Submitted to:
National Indian & Inuit Community Health Representatives
P.O. Box 1019
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JOL IBO

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INTRODUCTION

This manual is part of the training package of the **Third National Training Session** to be held in Halifax on June 2 to 5, 1996.

Objectives of Manual, training package and workshop

1. Provide information on the differences between traditional and non-traditional tobacco in Native communities in a clear, concise and easily understood language.

2. Provide "how to" ways of presenting all the relevant information and conducting workshops in community settings.

3. Give CHRs an opportunity to practice various methods of learning in a group context.

4. Provide a variety of resources in the package to be used in a workshop context and from which to choose for further training, learning and community action.

5. Provide a list of references for continuing training, learning and community action including:

    - books, articles, pamphlets
    - posters, buttons
    - A.V. material
    - organizations

Design of the Manual

The manual is meant to be "user friendly" and provides background information on the issue of reduction of **Non-traditional Use of Tobacco in First Nations and Inuit Communities.**

There are five (5) sections which are color-coded for convenience. Materials in the kit are color-coded accordingly to match relevant sections in the manual and thus facilitate access.

Activities relevant to each section are at the place in the manual where they are to be used. Duplicates are to be found in Sections 5 as well as answers to quizzes and video questionnaires. In addition, Section 5 has more examples of activities for later use.

The margin on the right side of each page of the manual is designed for notes and comments at the user's convenience.

Although the information contained in both the manual and package is by no means exhaustive, we believe it is sufficient to conduct workshops, training sessions, etc. on any tobacco-related topic CHRs feel they want to address in their communities.

In Section 5, there is a workshop presentation guide with a checklist of materials and equipment needed as well as a list of all the training kit's contents.

References include an extensive bibliography, a list of relevant A.V. materials, resources and organizations which may be used for further research or community action.

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1. HISTORICAL BACKGROUND ON TOBACCO

NOTES

A. Traditional Use of Tobacco

Origins: Native to South and Central America

Two varieties: *Nicotiana rustica* or Indian tobacco - traditional
Nicotiana tabacum or commercial tobacco - non-traditional

In Native North America, tobacco was used in different ways:

Traditional tobacco was used by Native people long before the arrival of Europeans. It was regarded as a sacred plant and cultivated separately from other crops.

- burnt over the fire
- thrown on water
- left on the ground
- smoked in a pipe either by an individual or passed around a circle of people.
- chewed

For those Native groups living in areas where tobacco was unknown in pre-contact times, other plant products such as willow bark, sweetgrass, cedar and sage were smoked in pipes and used instead of tobacco.

Generally, traditional tobacco or the above substitutes were an important component of Native cultures in two main aspects:

Ceremonial

- communicating with the spirits (smoke)
- thanking the Creator
- praying for a good harvest or better fish catch;
- rites of passage ceremonies (birth, weddings, funerals)
- sealing the peace with enemies (peace pipe)

NOTES

Medicinal

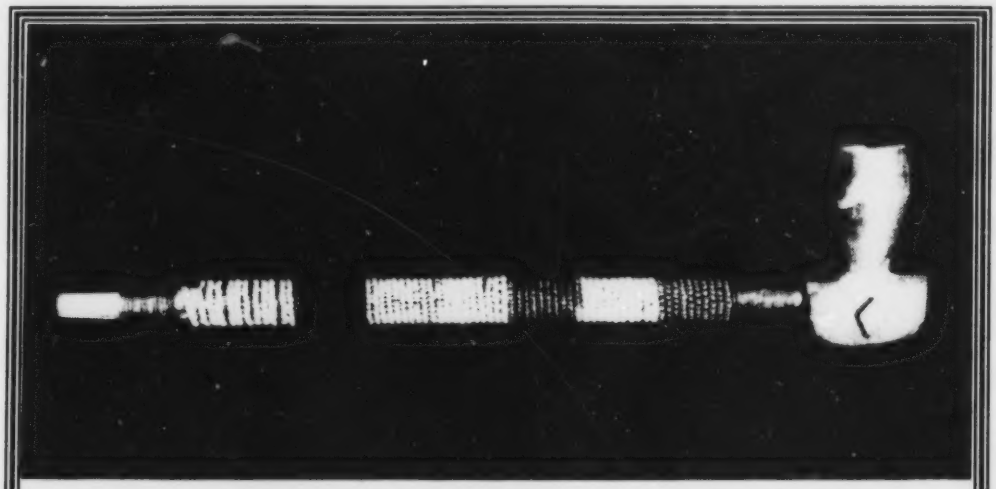
- to treat
  earaches
  snake bites
- to purify the mind and heal the body

Some tribes have a "pipe carrier", a special medicine person who uses tobacco the traditional way to communicate with the Creator.

Today, traditional tobacco is still regarded as sacred by most Native groups and retains its spiritual and, in some cases, medicinal value. However, because tobacco has been a vital part of Native culture for so long, its traditional use is sometimes given as a justification for smoking or chewing commercial tobacco. Such confusion can hinder efforts to reduce the consumption and deal with the harmful effects of non-traditional tobacco.

Using traditional tobacco is part of the Native heritage - addiction and disease brought on by abuse of non-traditional tobacco are a post-contact legacy.

Activity 1, Section 1-A - Traditional Tobacco - Information test



M5812.0-1 Pipe, Innu Northern Quebec, Early 20th Century, Soapstone, wood, glass beads, brass wire
Collection: McCord Museum of Canadian History, Montreal

Activity 1, Section 1-A

TRADITIONAL TOBACCO INFORMATION TEST

Read "Historical Background on Tobacco" *In Touch* Vol. 6, no. 2, Jan. 1996 (training kit) and answer the following questions:

1. The tobacco plant used traditionally by Aboriginal people in North America is the same one we smoke today in cigarettes.

   True_____ False_____

2. Europeans brought tobacco to America. True_____ False_____

3. In Traditional ceremonies, the Sacred Pipe was used to smoke:

   a) only Indian tobacco
   b) a mixture of tobacco and other plants
   c) other plants
   d) either a, b or c

4. Nowadays, Native people use tobacco in a traditional way when:

   a) they want to pray to the Creator
   b) they ask for blessing at the beginning of major events.
   c) they offer a gift of tobacco to an elder when asking him or her for help or advice.
   d) all of the above

5. In pre-contact times, the traditional use of tobacco did not result in addiction and illness.

   True____ False____

Activity 1, Section 1-A

Additional information pertaining to each participant's community.

6. Do you feel that the people of your community justify smoking or chewing commercial tobacco by saying that "tobacco is part of the Indian tradition?"

   Yes ____ No ____ Don't know ____

7. Would a workshop or some form of clarification on the differences between traditional and non-traditional tobacco be beneficial to your community?

   Yes ____ No ____

   Specify which group(s) would most benefit:

   children _____
   teenagers _____
   adults _____
   elders _____

8. In which ways is traditional tobacco being used in your community? Explain briefly.

9. Feel free to add any relevant comment regarding traditional tobacco and your community.

NOTES

B. Commercialization of Tobacco

The following summary was adapted from *History of Tobacco,* Indian Health Service Tobacco Project, N.D. and from *Tobacco Encyclopedia* by Ernst Voges.

1492	Christopher Columbus is given tobacco leaves by a Native from San Salvador.
1500's	Tobacco is taken to Europe and becomes popular for recreational and medicinal purposes.
1560	Jean Nicot, French ambassador to Portugal establishes snuff on the market. (He also gave his name to *nicotine*).
1620	Royal Snuff Factory is established in Seville, Spain.
17th to 18th Century	Tobacco use spreads to Europe and then to the Middle East and Asia. It is traded but also cultivated in different parts of the world.
1853	Luis Susini founds the first cigarette factory in Cuba. He also invents the first cigarette maker which can produce 3600 cigarettes per hour.
1883	James Albert Bonsack from Virginia, designs a machine which can reach a production level of 15,000 cigarettes per hour.
1921	Cigarettes dominate the tobacco product market. Tobacco companies are beginning to target women.
1950's	"Milder" and filter tipped cigarettes are introduced and the latter account for 90% of all cigarettes sold in developed countries.

NOTES

1960's Surgeon General links tobacco to cancer, heart disease and other serious ailments. Warning labels required on all packs.

1970's Virginia Slims slogan "You've come a long way baby" attracts 1.5 million women smokers. Ban on radio and T.V. cigarette ads take effect.

1980's Surgeon General says second hand smoke is dangerous. Smoking banned on flights lasting two hours or less, then six hours or less.

1990's Cigarette ads are banned in the written press in Canada and several European countries.

This brief survey of the history of tobacco in the last 400 years shows how this Native sacred plant was appropriated by Europeans when they came to America and then turned into a cash crop, a commodity used for trade and profit. A powerful industry has been built on tobacco over the years. But now, in most industrialized countries including Canada, the population is increasingly aware of the deadly consequences of tobacco abuse and there is mounting pressure to reduce it. This has meant financial losses for the tobacco industry. To compensate for this, it has turned its marketing strategies to more vulnerable potential consumers: the young, the poor, women and minorities, and statistics show that it is working. On the international scene, underdeveloped countries represent a vast potential for tobacco companies and advertising is geared to reaching their impoverished populations and reaping more profits.

NOTES

C. Non-Traditional Use of Tobacco in Native Communities

The two main forms of non-traditional tobacco used by Native people are cigarettes and smokeless tobacco, i.e. snuff and chewing tobacco. However, even if smokeless tobacco use is not negligible, cigarettes smoking is by far the most prevalent.

FOR ME...

YOU CAN WALK
A MILE TO BUY ME...

BECAUSE I CALM
AND SATISFY YOU,

YOU CARRY ME
EVERYWHERE YOU GO
WHATEVER THE WEATHER.

I WILL REWARD YOUR
LOYALTY, I PROMISE
TO STAY WITH YOU
UNTIL THE VERY END!!!

The poet "CIG"

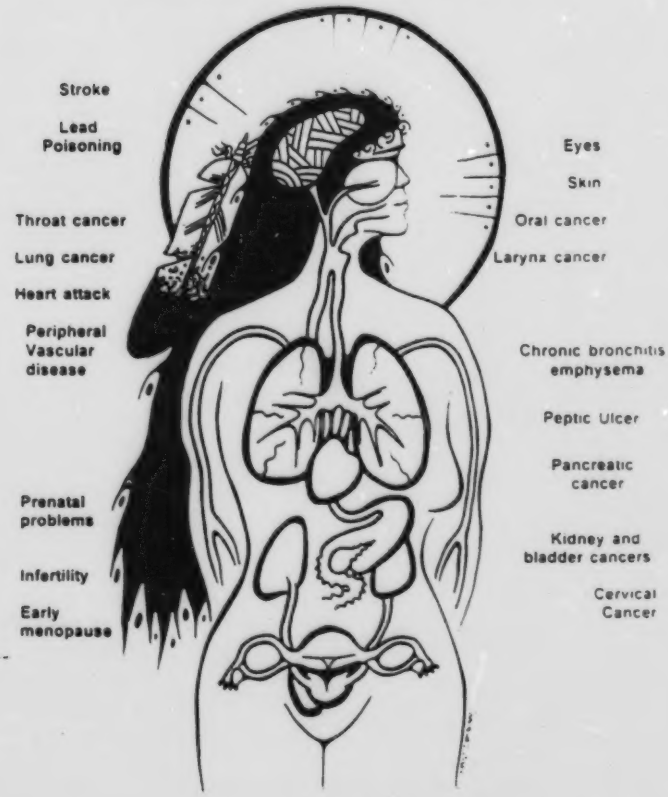
1. Some General Facts About Smoking

- More people are killed by tobacco than by accidents, murder, AIDS, alcoholism, all combined
- Smoking is the #1 preventable cause of death and serious illness
- Every year in Canada 40,000 people die because of smoking

NOTES

- Long term smokers and heavy smokers have the highest health risks.
- Tobacco abuse is responsible for 30% of all cancer deaths and 80% of all lung cancer deaths.
- Smoking increases the risks of emphysema, bronchitis, asthma, heart disease.
- Native people have double the smoking rates of non-Natives
- Native people have much higher rates than non-Natives for all smoking-related ailments and mortality.
- Diabetes and smoking are a dangerous combination.

HOW SMOKING AFFECTS YOUR BODY?



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The following tables and figures illustrate the situation concerning smoking in the Native population (Source: Stephens, T. Smoking among Aboriginal People in Canada. 1991)

Figure 1 Current Smokers, by Aboriginal Identity and Age Group Age 15+, Aboriginal Peoples Survey, Canada 1991

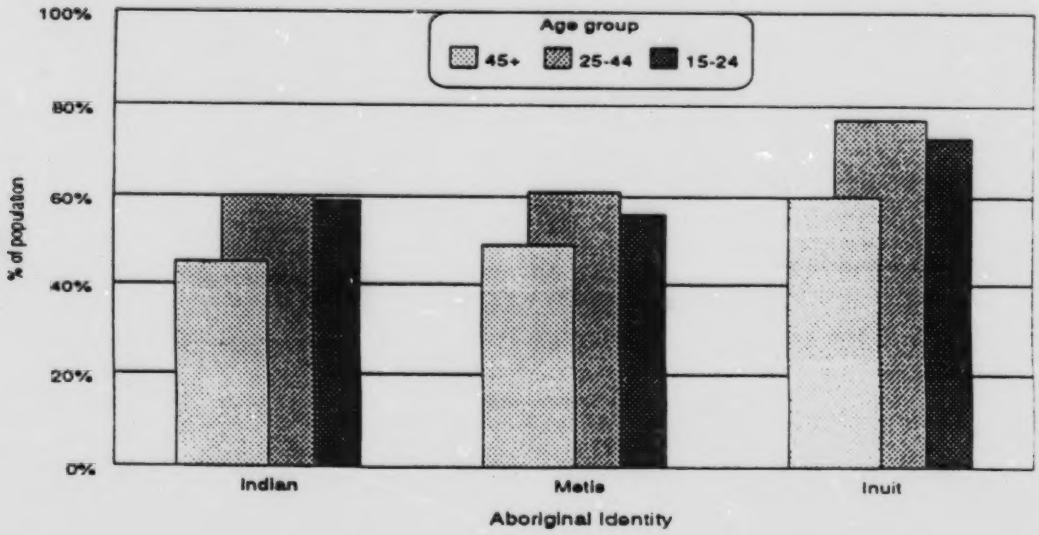


Table 1 Type of Smoker and Quit Rates, Canada and the United States Aboriginal and Total Population

	Current	Former	Never (daily)	QuitRate*
Canada, Aboriginals age 15 +, 1991	58%	17%	24%	0.23
US, Aboriginals age 18+,1987	33	17	47	0.34
Canada, total age 15+, 1991	31	23	45	0.43
US, total age 18+, 1987	27	22	45	0.45

* Quit rate = former smokers/(former + current smokers)

Source: Aboriginal Peoples Survey, Canada 1991

Figure 2 **Current Smokers, by Education and Age Group**
Age 15+, Aboriginal Peoples Survey, Canada, 1991

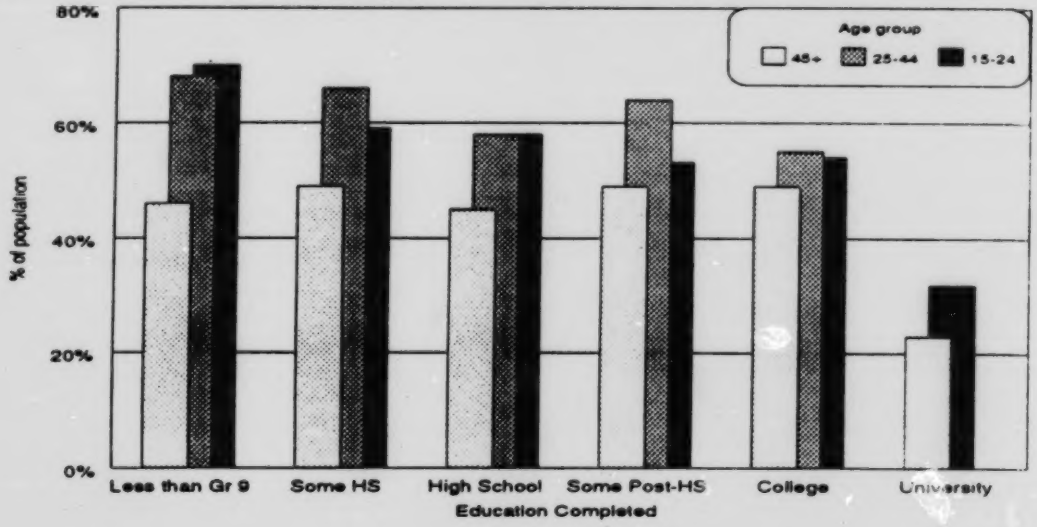
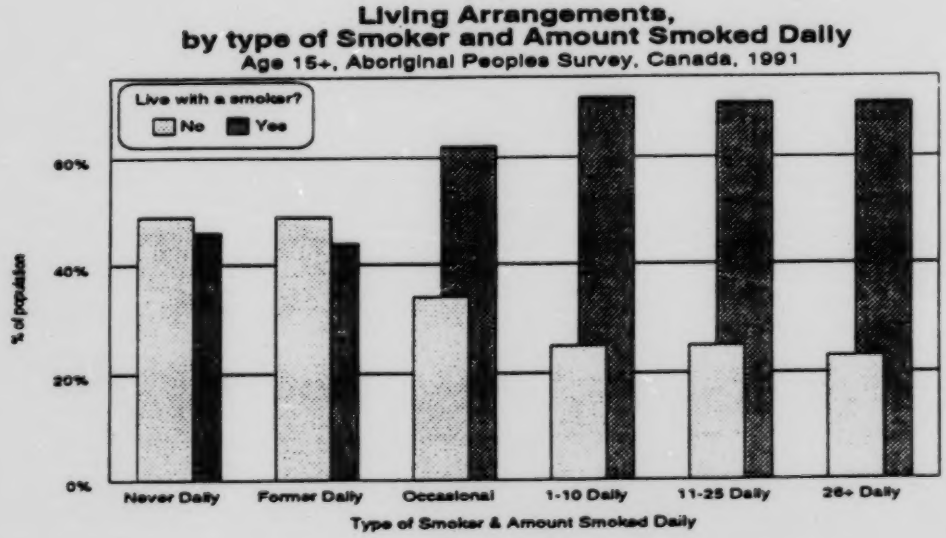


Figure 3 **Living Arrangements**
by type of Smoker and Amount Smoked Daily
Age 15+, Aboriginal Peoples Survey, Canada, 1991



NOTES

Figure 1 gives the breakdown by age and aboriginal identity. The highest smoking rates are to be found in the 14-44 category with Inuit showing the greatest proportion of smokers.

Table 1, above shows the differences in smoking and quitting rates between Natives and non-Natives in Canada and the U.S.

In Figure 2, we can observe that the more a person is educated, the less he/she is likely to smoke. The same kind of relationship exists between smoking and income, and smoking and education. The higher the income, the less likely a person is to smoke, and there are fewer smokers among managers and professionals than among clerical/sales and blue-collar employees of all ages. Overall, these trends in the Native population reflect those found in the general Canadian population.

Finally, living arrangements (Figure 3) also affect smoking behaviour, that is a person is more likely to smoke when living with another smoker.

What is cigarette smoke?

Where do these chemicals come from?

What is cigarette smoke?

- more than 4,000 different chemical compounds including toxic heavy metals and pesticides
- more than 50 of these chemicals cause cancer
- non-smokers are also affected by these chemicals

Where do these chemicals come from?

- some are found in the green tobacco leaf
- some are introduced during the curing process
- many are added by manufacturers to create a distinct flavour, smell or burn
- many are created by chemical reactions when a cigarette is lighted

Nicotine
is addictive. It reduces the size of blood vessels cutting down the flow of blood and oxygen, making the heart beat faster and increasing blood pressure.

Carbon Monoxide
is an invisible odourless gas which takes oxygen from the blood. It creates a build-up of cholesterol which can lead to heart disease.

Tar
is a sticky, black substance which cools inside the lungs, damaging lung tissue.
It can be responsible for lung cancer, emphysema and bronchitis.

Benzene
is a poison used in paint thinners, which can cause cancer.

Cadmium
is a metal which weakens health and causes high blood pressure, emphysema, cancer and early death.

Hydrogen Cyanide
is among the most toxic chemicals found in cigarette smoke. Short-term exposure can lead to headaches, dizziness, nausea and vomiting.

Phenol
is a poison used in making paint, plastic and explosives. It destroys the cilia, hairlike protections that line the respiratory tract.

Lead
is a heavy metal, which can be passed from a smoking woman to her unborn baby or to young children from smoking parents. It can cause birth defects, learning problems in children and some cancers.

Ammonia
is used in bathroom cleaners and explosives. It can increase illness and aggravate breathing problems.

Nitrogen Dioxide
is produced by the burning end of a cigarette.
It can cause lung and oral cancers.

...plus 4,000 other chemicals.

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Ontario Ministry of Health

NOTES

2. The Chemicals in Smoke

The smoke that comes out of a burning cigarette contains some 4,000 chemicals including a variety of flavouring and other additives. According to the Lung Association, many if not all of these additives are harmful when inhaled. They are mostly used to create flavour particularly in low-tar cigarettes which would otherwise be tasteless. One of these additives, *Coumarin*, made the news recently because of a cover-up by one of the tobacco companies using it. After their own research proved that *Coumarin* was carcinogenic, the executives of the company refused to change the flavouring in their cigarettes and continued using it to prevent a drop in sales (the Gazette, Montreal, 19-01-95).

When cigarette smoke is inhaled, the lungs retain 85 to 99 per cent of most of the compounds in the smoke. Among the most damaging of these chemicals are the following:

- nicotine constricts the blood vessels, cutting down the flow of blood and oxygen, forcing the heart to pump harder.

- tar is made up of dozens of compounds. When these cool inside the lungs, they form a sticky mass which damages the *cilia*, the delicate hairlike protections that normally "sweep" mucus and other unwanted secretions which are expelled through cough. In addition, tar contains more than forty cancer causing agents.

- carbon monoxide (poisonous gas in car exhaust) robs the red blood cells of oxygen and remains in the body up to six hours after exposure to cigarette smoke.

- lead weakens the immune system, can cause brain damage and kidney cancer.

- hydrogen cyanide (used in execution gas chambers)

- nitrogen dioxide reacts with amines in the body to form nitrosamines which cause cancer.

- phenol, a corrosive poison, destroys the protective action of the *cilia*.

Apart from the obvious harmful effects these chemicals and many more have on smokers' health, the addictive power of nicotine is key to understanding why tobacco dependence persists despite the risks. Nicotine ranks ahead of alcohol, cocaine and heroin in causing physiological addiction.

Nicotine reaches the brain in just seven seconds after being inhaled which is twice as fast as a drug injected into a vein. It has a calming effect at first, but after about 30 minutes, it wears off and the smoker needs more.

Nicotine is a dangerous poison. One single drop of pure nicotine on the tongue can kill a human being. It is used in insecticides. Nicotine has many adverse effects on the body. It increases heart rate, blood pressure and stomach acid. It decreases blood supply to various parts of the body by shrinking blood vessels. This leads to poor blood circulation and increases risks of heart attacks and strokes.

3. Smoking and Women

In addition to the common hazards of smoking for both men and women, women face some gender specific problems.

NOTES

Women smokers face a higher risk of cervical cancer, fertility problems, pregnancy complications and menstrual disorders than non-smokers. Those who take birth control pills are 5 to 10 times more likely to develop heart disease.

In addition, smoking often brings on early menopause and increases the risks of osteoporosis (bone loss).

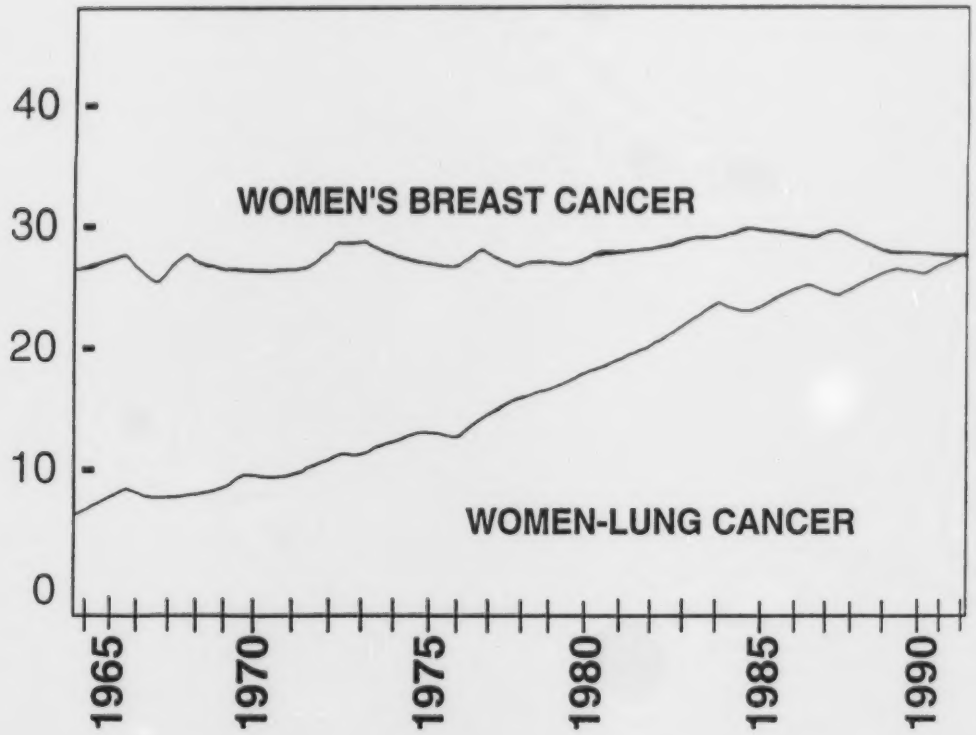
Smoking is especially dangerous during pregnancy. When a pregnant woman smokes, carbon monoxide and nicotine are passed on to the fetus affecting its heartbeat and decreasing its supply of oxygen. Maternal smoking during pregnancy increases the risk of miscarriage, premature delivery, birth defects and stillbirths.

Babies of smoking mothers tend to be of lower than average birthweight and are 2.5 to 4 times more likely to die of Sudden Infant Death Syndrome (S.I.D.S). Babies breastfed by a smoking mother absorb nicotine and this can result in irritability, poor sleeping habits and vomiting after nursing. Also, because of impaired lung function due to smoke exposure, they are more subject to coughs, bronchitis and even pneumonia.

NOTES

The rise in women's smoking rates, especially young women, is a great concern because of the effects of smoking on reproductive health. But it is also a serious issue in view of the statistics regarding the increases in lung cancer. The latter has now overtaken breast cancer as a major cause of death in the general population. (See graph below). In Native communities, especially in the North where smoking rates are very high, Native women are especially at risk.

Mortality Rates for Women



Death Per 100,000 Women from Lung Cancer and Breast Cancer

Source: Canadian Cancer Society

NOTES

4. Environment Tobacco Smoke (E.T.S.)

Also called sidestream smoke or second-hand smoke, E.T.S. is the smoke found in the air in a room where one or more people are smoking or that which comes from a cigarette left to burn on an ashtray.

Some points to remember about sidestream smoke:

- Sidestream smoke contains twice as much tar and nicotine as mainstream smoke (that which is inhaled by smoker).
- S.S. contains higher levels of cancer - causing compounds than mainstream smoke (M.S.)
- Cadmium, suspected of causing emphysema, is 7 times more concentrated in S.S. than in M.S.
- Children whose parents smoke are twice as likely to suffer from respiratory diseases such as asthma, bronchitis and pneumonia.
- Non-smoking spouses of smokers have a 34% higher risk of lung cancer compared to those married to non-smokers.
- The risks to passive smokers increase with the number of smokers in the house and the intensity of smoking.

Given the often crowded housing conditions in Native communities, the high rates of smoking and frequent poor ventilation, E.T.S. is a serious problem for the health of all concerned.

NOTES

5. Smokeless Tobacco

Although smokeless tobacco (S.T.) use is not as widespread as smoking in most Native communities, it is nonetheless a concern because it also carries serious health risks.

- Chewing tobacco:

  loose-leaf, twists or pressed into bricks called plugs, can be chewed or held inside the cheek and the "juice" is spit out.

- Snuff:

  moist or dry powdered tobacco, sometimes sold in tea bag-like pouches; used by inhaling or dipped (placed between gum and lip and the "juice" is spit out).

Smokeless tobacco is popular among young athletes in the general population but its use is much more widespread in Native populations where it starts earlier, sometimes, even in kindergarten. Many Native children start using S.T. in primary school and continue until high school when they then start smoking, which simply compounds the addiction to nicotine.

The health consequences of smokeless tobacco are serious and long term:

- Addiction to nicotine
- Oral cancer
- Dental problems, gum disease
- Increased blood pressure and heart rate
- Snuff dipper's pouch: leathery white patches in the mouth that can become cancerous
- Loss of taste

NOTES

6. Other Cost Related to Tobacco Abuse

The financial costs involved when a person is addicted to nicotine are high and proportional to the quantity needed to maintain the habit. A two-pack-a-day smoker spends an average of $2,600 - a year on cigarettes. This is a great drain on a person's budget especially if it is a modest one.

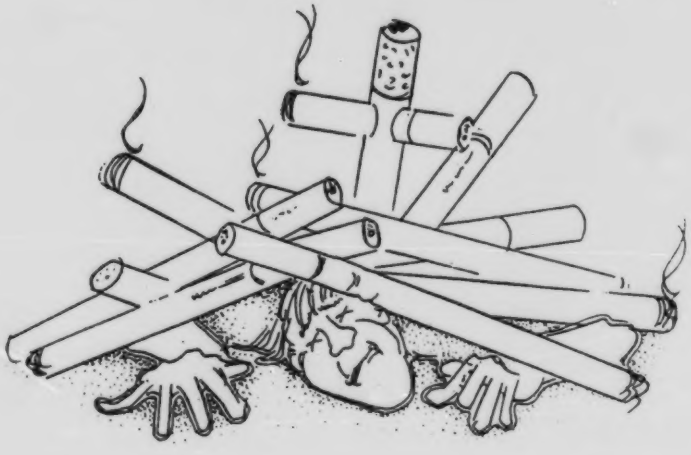
In addition, smoking increases pollution of the air we breathe.

In areas where tobacco is cultivated for commercial purposes, it tends to exhaust the soil and often displaces food crops, which can lead to serious hardship for the populations concerned.

Finally, many fires are caused by smoking entailing financial loss in families and even sometimes loss of life. In crowded housing, the risks are even higher.

Activity 2, Section 1-C - Quiz on Non-traditional Tobacco

Activity 3, Section 1 - A, B, C - NASAWIN Video



Activity 2, Section 1-C

Quiz on Non-Traditional tobacco

1. In Canada, there are more smokers than non-smokers. T____ F____
2. Traffic accidents are the main cause of death in Canada. T____ F____
3. Health risks increase with intensity and duration of smoking. T____ F____
4. Native people in Canada have lower smoking rates than Native people in the U.S. T____ F____
5. Inuit people have the highest rates of smoking compared to other Native people and to the non-Native population in Canada. T____ F____
6. Canadian Native people have less ailments due to smoking than non-Natives. T____ F____
7. Smoking causes 80% of all lung cancer deaths and 30% of all cancer deaths. T____ F____
8. Tobacco is only sold as cigarettes. T____ F____
9. The more income and education a person has, the more she or he is likely to smoke. T____ F____
10. Living with a smoker increases the chances of being a smoker oneself. T____ F____
11. Most chemicals in tobacco smoke are harmless. T____ F____
12. Coumarin is a brand of cigarettes. T____ F____
13. One drop of pure nicotine on the tongue can kill a person. T____ F____
14. Smoking can damage a fetus and cause other complications in pregnant women. T____ F____

Activity 2, Section 1-C

15. Smoke from other people's cigarettes endangers the health of non-smokers. T____ F____

16. Breast cancer is more common than lung cancer among women. T____ F____

17. Women smokers who take birth control pills are at much higher risk of strokes and heart disease than non-smokers. T____ F____

18. Children of smoking parents have more coughs, colds and even pneumonia than children of non-smokers. T____ F____

19. Side-stream smoke contains fewer chemicals than mainstream smoke. T____ F____

20. Smokeless tobacco is quite harmless. T____ F____

Activity 3, Section 1 - A, B, C - NASAWIN Video

1. WHAT WAS THE MAIN POINT OF THE VIDEO?

2. WHAT I LIKED BEST WAS...

3. WHAT I LIKED LEAST WAS...

4. WHAT I WOULD CHANGE...

5. I'M NOT SURE ABOUT...

6. A QUESTION I HAVE IS...

2. PROTECTION

NOTES

The main reason we need protection for our public places and our homes is Environmental Tobacco Smoke (E.T.S.).

Non-smokers become **passive smokers** when they are in areas where other people are smoking and this has **negative effects** on their health too. This is why it is necessary to make as many places as possible **smoke-free.**

Second-hand smoke (E.T.S.) causes long term health problems but also has immediate effects on those exposed to it:

- eye irritation
- headache
- nasal discomfort and sneezing
- nausea and dizziness
- allergy reactions

One is exposed to E.T.S. in the home when family members smoke, at school, in public places, on public transportation, in restaurants and in the workplace.

With respect to the workplace, Labour Canada estimates that each smoking employee costs more than $2,000 per year due to:

- increased absenteeism
- decreased productivity
- increased insurance premiums
- increased cleaning costs
- increased property damage
- costs from non-smokers' exposure to second-hand smoke (Canadian Cancer Society, 1993)

NOTES

A. Community Strategy

A comprehensive protection strategy aimed at making Native communities smoke-free has to "de-normalize" the smoking environment. In other words, it has to make the rights of non-smokers - and that includes children - a priority, and give social and cultural support to all those willing to work towards that aim. With this in mind, several aspects have to be addressed at the general community level.

a) Non-smoking policies concerning:

- all community buildings
- school buses
- work places
- staff working in any community services

b) Sales of cigarettes or smokeless tobacco (S.T.)

- no sales of cigarettes or S.T. to minors in community stores
- no cigarette vending machines in community
- prosecution of vendors in violation of laws or regulations
- no sales of cigarettes in "kiddy packs" of 5's or 15's

c) Lobbying activities for tougher tobacco reduction legislation

- With Native provincial and national organizations
- With different levels of government

NOTES

d) Role modelling by

- Community leaders
- Elders
- Teachers
- Health workers

e) Socio-economic development

- recreational programming in community
- community involvement in economic initiatives
- youth participation in socio-cultural and sports activities

f) Designing a tobacco-reduction program in the community including:

- education on tobacco-related health risks;
- prevention, especially geared to children and teenagers;
- cessation for all those who wish to quit;
- specific focus on women's needs

B. Legal Aspects (the following summary was drawn from Tobacco Reduction Edu-Kit, Canadian Cancer Society, 1995)

Legislative authority for tobacco control rests with either federal or provincial government or both depending on the issue addressed.

Provincial law also determines municipal authority to make by-laws. For instance, in Ontario, The Tobacco Control Act, 1994 amended the Municipal Act to give municipalities the authority to restrict or prohibit smoking in public places and workplaces.

NOTES

The following table shows the various levels of jurisdiction with the corresponding aspects of tobacco restriction they control. The table refers to the pieces of legislation noted below.

Federal

1. Tobacco sales to Young Persons Act (1993) (TSYPA)
2. Tobacco Products Control Act (1988) (TPCA) overturned October 1995.
3. Non-smokers' Health Act (1988) (NSHA)

Provincial (Ontario)

1. Tobacco Control Act (1994) (TCA)
2. Smoking in the Workplace Act (1989) (SWA)

Note: The following table refers to Ontario only. There are different laws depending on the province or territory. But generally, the type of jurisdiction is similar. When a municipality or community creates a by-law or a regulation dealing with tobacco use, the most restrictive law prevails. An example of this is the Ontario's minimum age for smoking which is higher (19) than that stipulated by federal law (18).

Table 2

Aspect Ontario	Federal	Provincial
RETAIL SALES		
- Acceptable I.D.		TCA
- Definition of Tobacco products (paper, filters etc.).	TSYPA	
- Minimum age.	TSPYA (18 years)	TCA (19 years)
- Health information signs.		TCA
- Penalty for selling to minors.		TCA
- Vending machine ban.	TSPYA	
- Ban sale in certain premises, e.g. pharmacies.		TCA
PACKAGING, LABELING		
- Health warning on packages.	TCYPA (20)	
- Minimum number of cigarettes.		TCA
- Toxic content listings.		TCA (20)
- Other labeling information, plain packaging.		TCA - No regulations at present
PROMOTION was covered under T.P.C.A., overturned in October 1995		
- Ban, restricted or impede.		
- Advertising of Tobacco products.		
- Ban on other promotional activities (rebates, contests, free samples).		
- Sponsorship controls.		
SMOKING		
- Smoking control or ban in public places.	NSHA	TCA
- No smoking signs in public places.	NSHA	TCA
- Smoking control or ban in workplaces.	NSHA	SWA
- Protection of employee from employers.	NSHA	SWA

Smoking Restrictions Under Ontario's Tobacco Control Act

The Tobacco Control Act prohibits or restricts smoking in a variety of premises.

It prohibits smoking in:

- Schools (building and grounds)
- Licensed day nurseries
- Children's hospitals and independent health facilities.

It prohibits smoking in the public areas of:

- Financial institutions
- Self-serve laundromats
- Transit shelters or stations
- Hairdressing establishments and barbershops
- Video and amusement arcades.

Smoking is restricted to designated smoking areas that comply with regulations in:

- Hospitals
- Psychiatric facilities
- Nursing homes, homes for special care, charitable institutions, and homes for the aged
- Colleges, universities, private vocational schools and other institutions of secondary education
- Enclosed areas of shopping malls.

The T.C.A.

- Prohibits selling tobacco to anyone under the age of 19 years
- Requires tobacco vendors to see proof of age before selling to a person whose age is in question
- Prohibits selling tobacco from a vending machine
- Requires cigarettes be sold in a minimum pack size of 20 cigarettes.

Enforcement of the Act is a responsibility of Public Health Departments

Source: Tobacco Reduction Edu-Kit, C.C.S. 1995

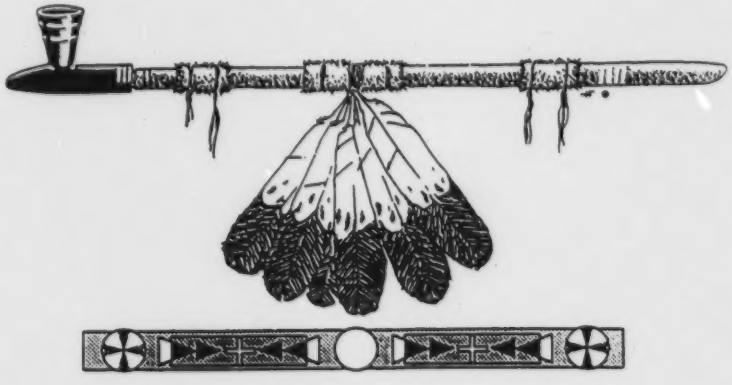
With respect to the Tobacco Control Act, Section 12 was drafted in consultation with Native organizations to insure that the Act does not infringe on the traditional use of tobacco by Aboriginal people. (Letter from Carrie Hayward, Aboriginal Health Coordinator, to Vera Pawis-Tabobondung, President, Ontario Federation of Friendship Centres, January 4, 1994).

SECTION 12. In acknowledgment of the traditional use of tobacco that forms part of Aboriginal culture and spirituality, a number of exceptions to the Act are provided. A ritual gift of tobacco to an Aboriginal person who is under nineteen is not prohibited. Similarly, prohibitions on smoking in certain places do not apply to the ritual use of tobacco by Aboriginal persons, and by non-Aboriginal persons participating with them.

Tobacco Act - Bill 119
3rd Session, 35th Legislature, Ontario, 42 Elizabeth II
1993

Although, as can be observed above, certain aspects of tobacco control are in the hands of the federal and provincial governments, municipalities, communities and organizations can do much to keep public places and workplaces smoke-free. Some Native organizations are taking measures in that direction too.

Following is a sample of a First Nations Band Council Resolution regarding "Designated Non-smoking Areas: from the Union of Ontario Indians.



Sample First Nations Band Council Resolution

"Designated No-Smoking Areas"

Whereas the First Nations of_____Council and Health Staff have reviewed the hazards of second-hand sidestream smoke on youth, disabled, elderly and the general population of First Nations in Ontario; and,

Whereas specific protective procedures are required to minimize the health hazards of second-hand and sidestream smoke, especially on children; and,

Whereas there are some obvious specified areas within the First Nations' Jurisdiction that could be controlled for these protective principles; such as: the school, Health Centre, Community Centre, Band Office, and all public buildings on-reserve scheduled for community social events, as well as, all public service vehicles of the First Nations; and,

Be it therefore resolved that the First Nation Council of_____ directs the Health Staff to create and post a list of vehicles and buildings as non-smoking areas subject to a total prohibition of any smoking, by any person, residing on or visiting the First Nation territory; and,

Be it further resolved that exception to this prohibition will be made for the purposes of ceremonies using sweetgrass, tobacco, and other sacred plants in such buildings at the discretion of the Elders in charge; and,

Further be it resolved that the Council authorizes the following people to enforce these directives by verbally warning offenders and providing written notice to Council of repeat offenders.

e.g. Band Constable
Health Director or Health Staff
Band Administrator
Teacher or Principal
Designated Elder

Source: NASAWIN

BOARD OF DIRECTORS
UNION OF ONTARIO INDIANS
JULY 20 & 21st 1994
ANDERSON LAKE

Support for Anti-Smoking Policies

WHEREAS the detrimental affects of second-hand and side-stream smoke have been clearly supported in medical research; and,

WHEREAS many First Nations Councils and Community Health workers have requested assistance in developing anti-smoking health programs; and,

THEREFORE BE IT RESOLVED that the Board of Directors direct the Union of Ontario Indians Health program to develop sample First Nation anti-smoking policies and resolutions for consideration by First Nations to designate non-smoking areas and/or activities; and,

BE IT FURTHER RESOLVED that the Health program promote and provide assistance to all member First Nations who wish to pursue such policies and/or programs.

Source: NASAWIN

Activity 4, Section 2-B

Activity 4, Section 2-B

Role play

Actors needed:

Dave who has just quit smoking
The older chief, a smoker

Situation:

At the band council meeting, Dave, a young councillor who has just quit smoking, is sitting near the older chief who is puffing away on a cigarette. Dave is highly bothered by it, but does not dare say anything. Soon, however, he starts coughing and seems unable to stop.

Chief: Since when does my smoke bother you, Dave?

Dave: Well, I quit smoking a week ago and I have a hard time breathing when there is smoke around.

Chief: Oh, well, you may as well have one, it will fix that problem!

Participants prepare replies which solve the conflict situation and convince the chief to butt out. They act out the scene.

Method:

- Divide workshop participants in groups of 4-5 people.
- Each group picks a secretary and 2 actors.
- They prepare a scenario with the necessary dialogue (brainstorming, rehearse the skit).
- The two chosen actors present the skit to all the other participants in workshop.
- When all three groups have presented their skits, the participants discuss the various ways in which the conflict was resolved.
- Note the main points that come out of the whole exercise, i.e.; what were the key elements in resolving the conflict.

NOTES

C. Successful Approach

An effective public strategy to reduce tobacco consumption must include several priorities and must target the most vulnerable group(s). One of these are the young because they are the future of the community, and those most at risk.

The countries which have been most successful at this, such as Norway and Iceland, have used a combination of measures (World Health Organization, 1990):

1. Implementation of comprehensive legislation to:

    - restrict or totally ban smoking in public places, workplaces, schools, school grounds and places where children congregate;
    - ban tobacco advertising and any other forms of promotion such as sports and art events sponsorship;
    - raise the price of tobacco products;

2. Establishment of school-based education programs including:

    - personal and social skills development
    - sufficient curriculum time devoted to on-going tobacco education throughout the school-years cycle;
    - family involvement so as to influence parental smoking behaviour;

3. Use of the mass media to spread appropriate messages regarding the use of tobacco. The effectiveness of such messages will be greater if:

    - a broad range of communication channels are used in combination, i.e. T.V., radio, written press;

NOTES

- campaigns and programs are coordinated with school-based programs;
- campaigns are varied and sustained over a long-period of time.

D. Protecting our Families

While it is important to deal with tobacco abuse at the community level, the home must also be at the core of an effective reduction strategy. This is crucial when one knows the health problems resulting from both mainstream and secondhand smoke, both of which affect all those exposed to it including pregnant women and children. In addition, parents have a major role in both preventing their children from starting to smoke and protecting them from the harmful effects of E.T.S. Finally, parents must be made aware of the dangers of smokeless tobacco so they can educate their children on this issue also.

A constructive approach has to include:

- Openness and communication between parents and children;
- Self-awareness as a parent about one's own attitude and behaviour regarding the issue of tobacco in the home and community;
- Giving a good example by either not smoking, or quitting and sharing the experience with the children;
- Educating children on the deceptive aspects of tobacco advertising and the health consequences of tobacco abuse;
- Encouraging children to participate in sports, hobbies and cultural activities;
- Teaching children to say "No" and to handle peer pressure effectively;
- Involving them in making the house smoke-free.

Activity 5, Section 2-D - Role Play

Activity 6, Section 2 B, C, D - Problem Solving

Activity 5, Section 2-D

Role play

Actors needed:

Sarah, a mother who has quit smoking
Sarah's father

Situation:

Sarah is a wife and mother who is pregnant. She has just quit smoking. She has stickers on her door and in her kitchen that say "thank you for not smoking". Her father has stopped by to visit.

Father: So, I hear you quit smoking.

Sarah: Yes. I used to think that smoking affected just me. But I just found out how bad it was for the baby so I decided to quit.

Father: Oh, you don't want to hurt the baby. (Takes cigarettes and lighter out of pocket.)

Sarah: And I also learned that pregnant women shouldn't breathe the smoke from other people's cigarettes.

Father: That's good, I'm proud of you. (Lights the cigarette.)

Sarah: _____

Participants prepare replies which solve the conflict situation and convince the father to put out his cigarette. They act out the scene.

Methods:

- Divide workshop participants in groups of 4-5 people.
- Each group picks a secretary and 2 actors.
- They prepare a scenario with the necessary dialogue (brainstorming, rehearse the skit).
- The two chosen actors present the skit to all the other participants in workshop.
- When all three groups have presented their skits, the participants discuss the various ways in which the conflict was resolved.
- Note the main points that come out of the whole exercise, i.e.; what were the key elements in resolving the conflict.

Activity 6, Section 2 - B, C, D

Problem Solving

Situation 1

Store sells cigarettes to minors.
Community knows about this.
How to make it stop.
- prove it does.
- mobilize community members who are interested in issue (parents etc.)
- act upon it.

Method

- Divide workshop participants in groups of 3-5 people depending on number of participants present.
- Each group picks a secretary and a presenter (it would be better if it was not the same person.
- They read the problem and brainstorm about the possible solutions.
- Secretary takes notes.
- The group then comes to a consensus regarding the best course of action, i.e. the different steps to be taken which would most likely solve the problem.
- Secretary writes down the agreed upon solution.
- The solution is presented to all the other participants in the workshop.

Activity 6, Section 2 - B, C, D

Problem Solving

Situation 2

In one of the communities you visit as a CHR, there is a family where the mother, father and two teenage children smoke. The youngest child, a six-year old girl is asthmatic. She has had several bad asthma attacks. How would you convince them to make the home smoke-free?

Methods

- Divide workshop participants in groups of 3-5 people depending on number of participants present.
- Each group picks a secretary and a presenter (it would be better if it was the same person.
- They read the problem and brainstorm about the possible solutions.
- Secretary takes down notes.
- The group then comes to a consensus regarding the best course of action, i.e. the different steps to be taken which would most likely solve the problem.
- Secretary writes down the agreed upon solution.
- The solution is presented to all the other participants in the workshop.

Activity 6, Section 2 - B, C, D

Problem Solving

Situation 3

A teenage boy in the community is on a sports team in the city. He and some of his team-mates use S.T. on a regular basis. He comes back to the community and brings packages of snuff which he gives out to his friends. Since he is a good athlete, he has quite a lot of influence on his peers. What can be done to stop his influence and the spread of S.T. among teenage boys in the community?

Methods

- Divide workshop participants in groups of 3-5 people depending on number of participants present.
- Each group picks a secretary and a presenter (it would be better if it was not the same person).
- They read the problem and brainstorm about the possible solutions.
- Secretary takes notes.
- The group then comes to a consensus regarding the best course of action, i.e. the different steps to be taken which would most likely solve the problem.
- Secretary writes down the agreed upon solution.
- The solution is presented to all the other participants in the workshop.

3. PREVENTION

NOTES

We know that tobacco use starts in adolescence and even earlier among Native children who often begin using S.T. as young as 5 years of age. What often starts as experimentation becomes a habit and dependence follows. If a child has been using snuff or chewing tobacco, he is likely to switch to smoking at adolescence when cigarettes become "cool". Addiction to smoking is often well established by the age of 13 or 14.

If, on the other hand, a person has gone through adolescence without using tobacco, it is unlikely that he or she will pick up the habit past the 20th birthday. Tobacco companies know this fact very well and this is why they systematically target their advertising to youth. They must replace the smokers who have died or quit and keep their cash flow healthy. Therefore, prevention efforts must be geared to children and youth in priority because they are the most vulnerable. But we must also look at women as a group with special risks.

A. Focusing on Women and Children

Women's reasons for starting to smoke and for continuing to smoke vary somewhat from that of men. Apart from falling for advertising messages, women smoke because they often face acute pressures in their lives and a great deal of stress and they do not have access to different, healthier ways of coping. Some of the problems women face may include:

- poverty
- overwhelming demands from family and/or job
- loneliness
- being a single mother
- physical and sexual abuse
- poor living conditions

NOTES

Women are often unable to express negative feelings and they turn to smoking to deal with the frustration and anger they feel:

> "Sometimes I smoke to hide my fear or swallow my anger - it gives me something to do with my hands, and makes me look in control". (Greaves, 1989:19)

One could say that smoking, in a sense, helps women hide the powerlessness in which they are trapped by making them look "in control". It is, of course, a dangerous illusion, all the more dangerous because it threatens their health and their children's health, born and unborn.

Children also tend to imitate what they see. If their parents smoke, they will be more likely to start smoking or to use S.T. and become addicted to nicotine, putting them on the road for long-time use of S.T. or cigarettes. In addition, nicotine is a "gateway" drug. Since it affects moods, many young people start with nicotine and then "graduate" to other drugs such as alcohol, marijuana and cocaine.

B. Why Children and Teens start Smoking or using S.T.

1. Community factors

- poverty, unemployment
- lack of educational/sports/cultural programs

2. Environment factors

- parents and siblings smoking or using S.T. and perception of such behaviours as the norm
- peer pressure and behaviour

NOTES

3. Personal factors

- low academic achievement
- low self-esteem
- risk taking or rebellious behaviour
- low participation in sports/cultural activities
- boredom
- anxiety

C. Media Messages:

The tobacco industry relies on recruiting a large number of people into the tobacco market for their survival. Therefore, they must appeal to youth. Common themes in advertising include the following:

- Tobacco is a rite of passage to adulthood (young people and even children use tobacco to appear grown up).

- Successful, popular, independent and attractive people use tobacco (this means slim, modern, independent-looking, beautiful women, and handsome, muscular, secure-looking men).

- Tobacco is relaxing, safe and healthy (sponsorship of sports, cultural events by tobacco companies).

- Tobacco use is the norm (people who smoke are depicted in a wide variety of situations - usually pleasant ones).

Activity 7, Section 3-B - Content analysis of tobacco advertising

Activity 8, Section 3-B - Video: Diary of A Teenage Smoker

Activity 7, Section 3-B

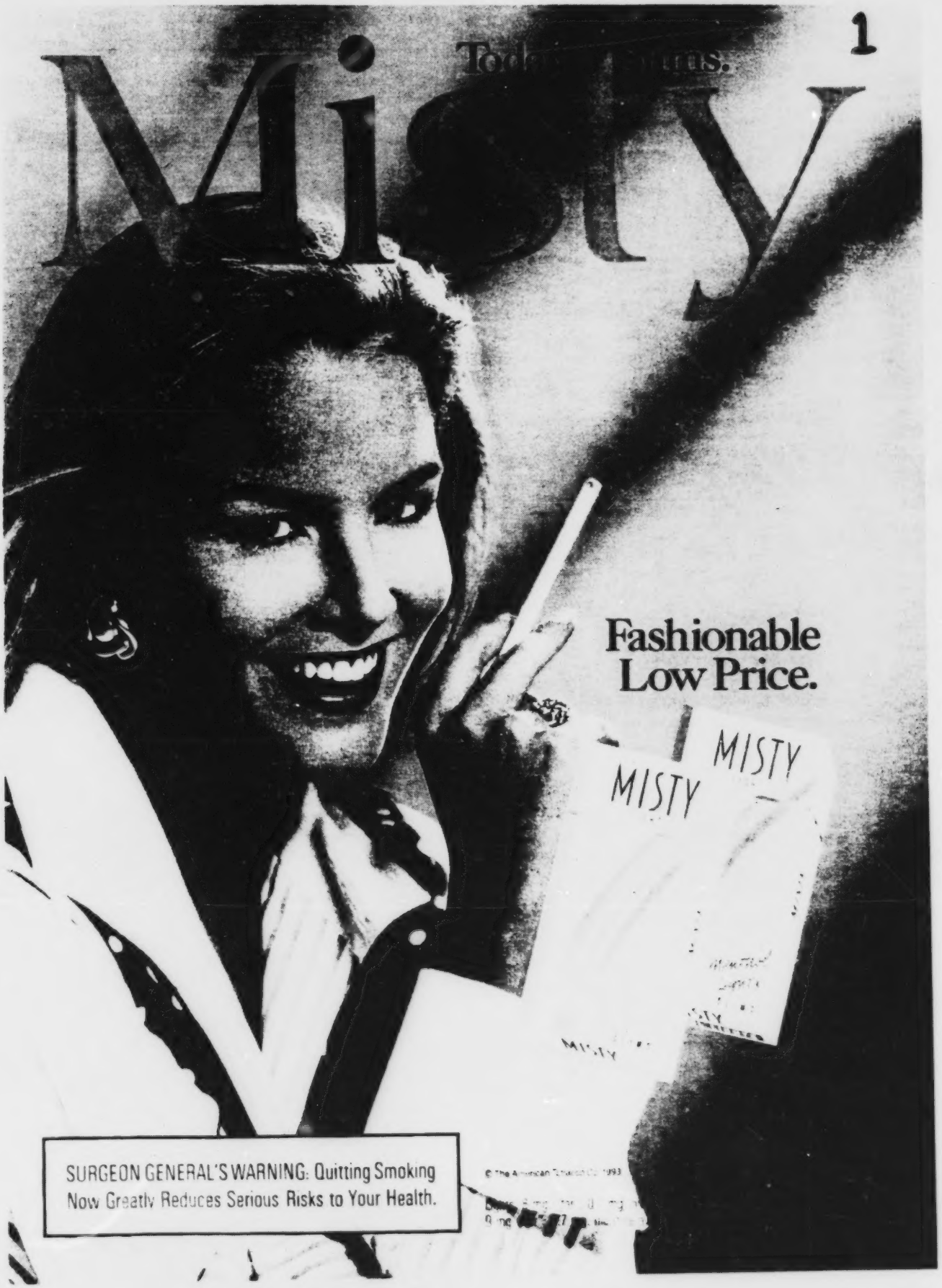
Content analysis of tobacco ads
Group work

Method

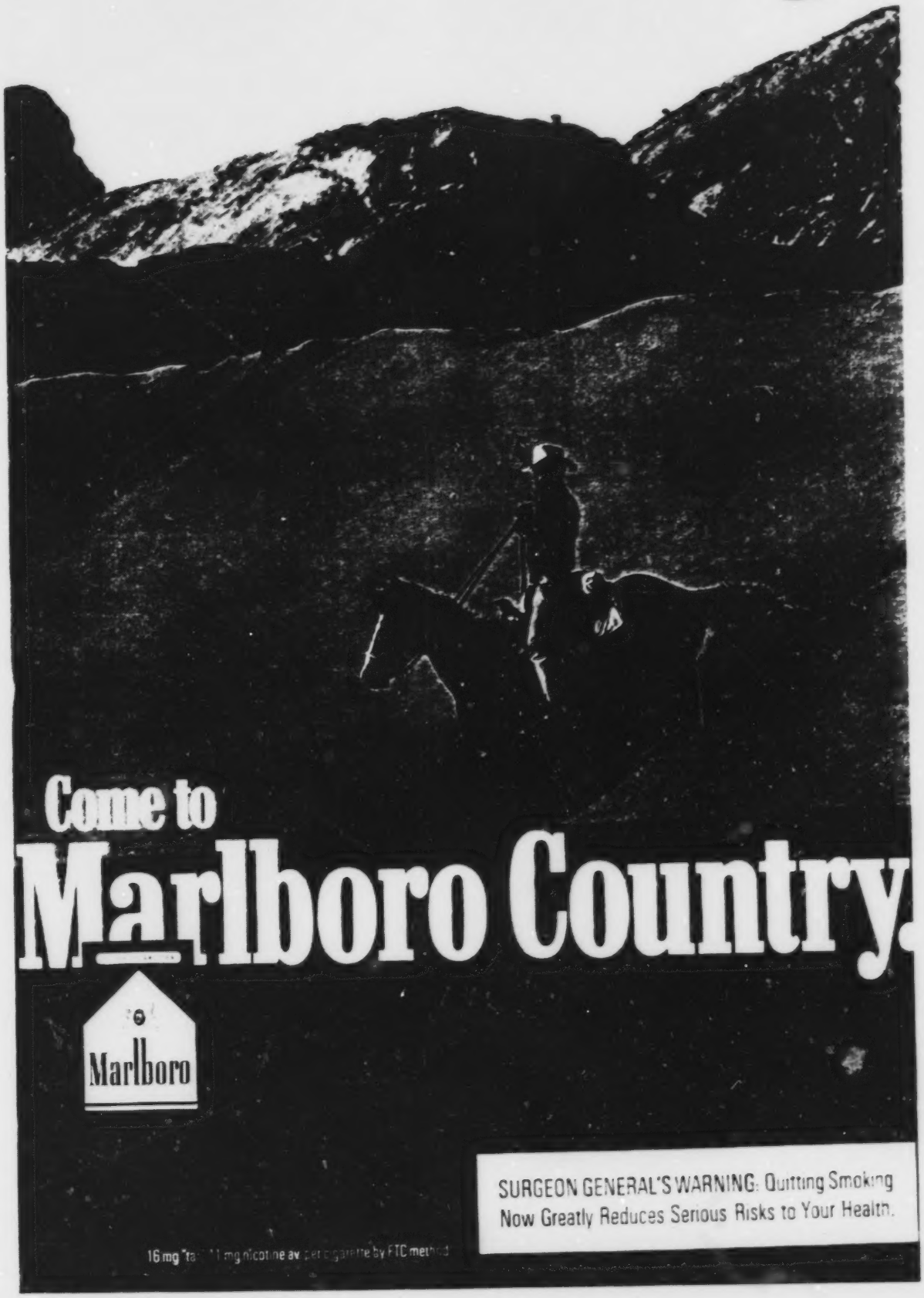
- Divide workshop participants in 5 groups (3-5)
- Each group chooses one ad
- Each group selects a secretary
- Members of each group brainstorm about what is in the ad
- They choose the most important elements that emerge out of the group's suggestions and the secretary writes them down
- They present their findings to all the other participants in the workshop

Guidelines for analysis

- What adjectives come to mind when looking at the ad? i.e.; slim, cool, smart, strong, etc..?
- What feelings do you get from looking at the ad?
- What is not mentioned which you think should be there?
- Comment on packaging of cigarettes shown?
- Anything else?


Misty
Fashionable
Low Price.
MISTY
MISTY
SURGEON GENERAL'S WARNING: Quitting Smoking
Now Greatly Reduces Serious Risks to Your Health.

2


Come to
Marlboro Country.
Marlboro
SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.
16 mg "ta" 1 mg nicotine av per cigarette by FTC method

11 mg. "tar" 0.8 mg. nicotine av. per cigarette by FTC method
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide
3
There's something for everyone at Joe's Place.
Joe's PLACE
SPECIAL LIGHTS
Special Mild Blend
Free Joe's Place Catalog.
Call 1-800 CAMEL CASH.
(1-800-226-3522)
Offer restricted to smokers 21 years of age or older.

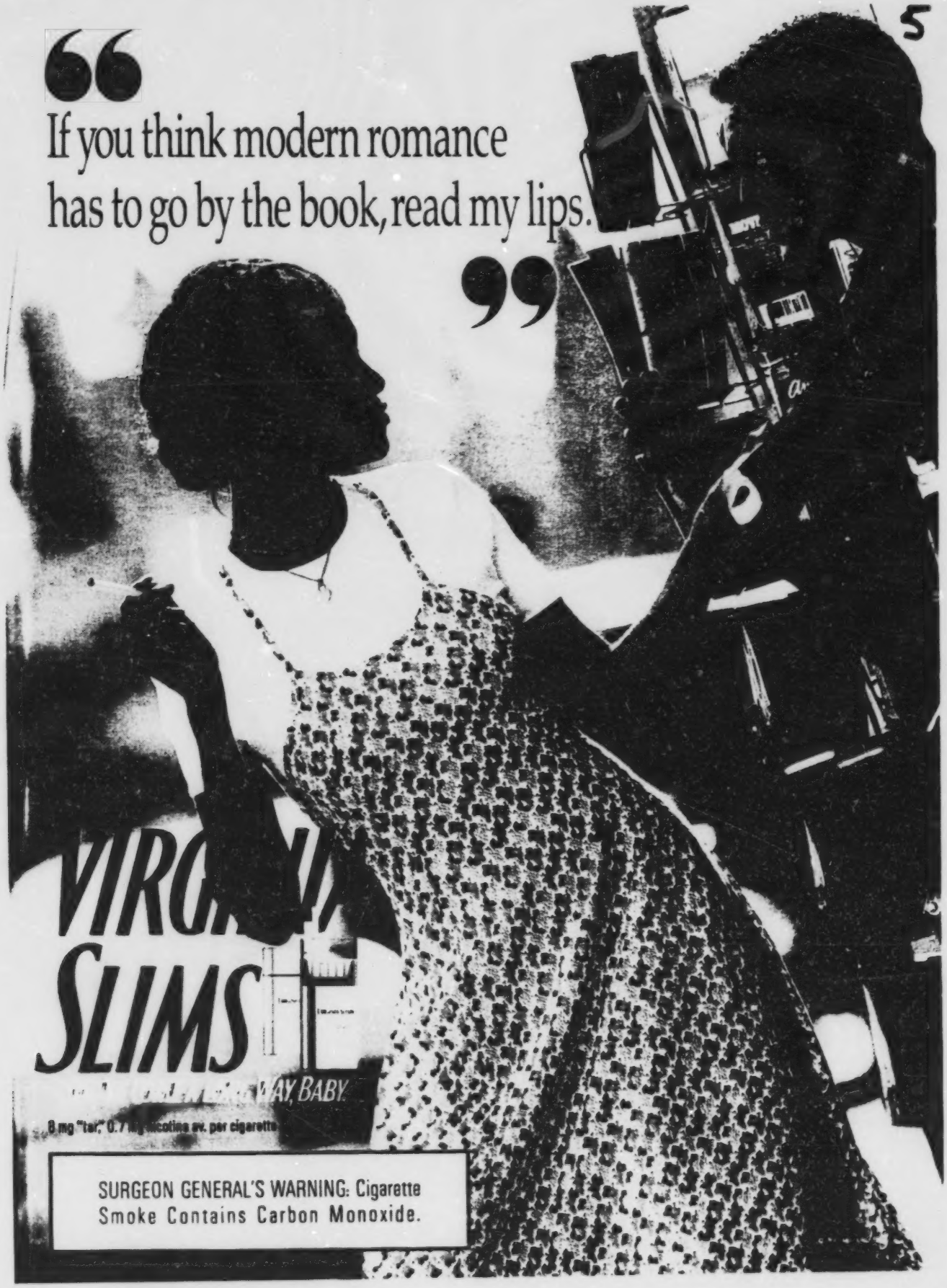
4

REAL KOOL

no doubt about it.

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

Kings: 17 mg. tar, 1.1 mg. nicotine
av. per cigarette by FTC method


"If you think modern romance has to go by the book, read my lips."
VIRG
SLIMS
AY, BABY.
8 mg "tar," 0.7 mg nicotine av. per cigarette
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

Activity 8, Section 3-B

Video: Diary of a Teenage Smoker

You are about to see a video on young women and smoking. This video is directed at young girls aged 12-15 and deals with many of the underlying reasons why young women smoke.

Answer the following questions; then check your answers as you watch the video.

1. Peer pressure is the main reason young women start to smoke. T____ F____

2. The majority of teenagers who smoke at least 2 cigarettes go on to become regular smokers. T____ F____

3. Women who smoke and take birth control pills are 39 times more likely to have a stroke than women who don't smoke. T____ F____

4. Tobacco advertising encourages young women to smoke. T____ F____

5. It's easy to quit smoking. T____ F____

6. Young women smoke for different reasons than men. T____ F____

7. Do you feel this video would go over well with young women in your community?

_____

_____

8. What, if anything, would you change to the video to make it more effective?

_____

_____

_____

NOTES

D Key Elements of Prevention

Taking into account the specific needs of the three above-mentioned groups and their importance for a successful approach to prevention of tobacco abuse in Native communities, one has to deal with certain key elements:

1. **Education**

   - Parents must teach their children by being good role models;
   - Children, youth and all community members must be familiar with the traditional use of tobacco. Respected elders must play a crucial role in this matter so that all understand the difference between traditional and non-traditional tobacco;
   - Information on the health consequences, environmental and financial costs of tobacco abuse must be part of on-going programs in elementary and secondary schools and integrated in the regular curriculum;
   - Counter media messages through activities designed to demystify the deceptive attractiveness of smoking in tobacco advertising.

2. **Empowerment**

   - Involve the community as a whole in "pushing" for a smoke-free environment so that it becomes the norm;
   - Involve children and youth in planning and developing activities designed for them;

NOTES

- Organize peer modelling and counselling for children, teenagers and adult women;

- Focus on group-specific issues such as smoking and reproductive health; children and S.T., etc..

- Provide opportunities for all groups to engage in socio-cultural and sports activities to achieve a healthier life-style.

3. **Communication**

- Use the local media to promote tobacco education for the whole community (i.e.; local newspapers, videos, radio and T.V. messages, interviews, phone-in shows, etc.);

- Use culturally appropriate materials, especially audio-visual material but also posters, pamphlets, buttons, etc.;

- Organize information/exchange sessions where parents/teachers meet and discuss strategies to help youth stay tobacco-free;

- Parents must be ready and willing to discuss tobacco-related issues and/or materials obtained in school with their children;

- CHR s and other health workers can use their expertise to guide and inform families with respect to E.T.S., S.T. and smoking.

Activity 9, Section 3-D - Prevention Program Development

Activity 9, Section 3-D

Prevention Program Development
Group work

Method

- Divide participants in groups of 4-5 people
- Each group chooses one category,

  either: women
  children
  teenagers

- Each group selects a secretary
- Each group brainstorm on elements to be included in a prevention program for chosen category
- Each group selects best elements emerging out of group's suggestions and the secretary writes them down.
- They present their findings to all the other participants in the workshop

Guidelines

Section D - Key elements of prevention should be reviewed for this activity

4. Cessation

NOTES

Cessation - that is quitting smoking or stopping the use of smokeless tobacco - is an important component of a successful tobacco reduction strategy and greatly contributes to improving community health. The process of cessation, the difficulties involved, the benefits it imparts as well as the methods and programs available are all part of the endeavour. While S.T. is a serious issue in some Native communities, smoking is an even more pressing one. This section will therefore address smoking cessation.

A. Benefits of Smoking Cessation

Quitting smoking has positive aspects for one's health as well as one's pocket book.

Smoking cessation has both immediate short and long-term effects. In the **short-term**,

- breathing improves
- blood pressure and pulse rate return to normal
- general energy level improves
- ability to smell and taste food is enhanced
- coughing and sinus congestion are reduced
- blood circulation improves

In the **long-term**,

- risks of lung cancer and other cancers decrease
- risk of heart attack is half that of a smoker after 1 year
- risk of stroke is reduced to that of a non-smoker after 5 years of abstinence from smoking
- heart attack risk is reduced to that of non-smoker after 15 years

NOTES

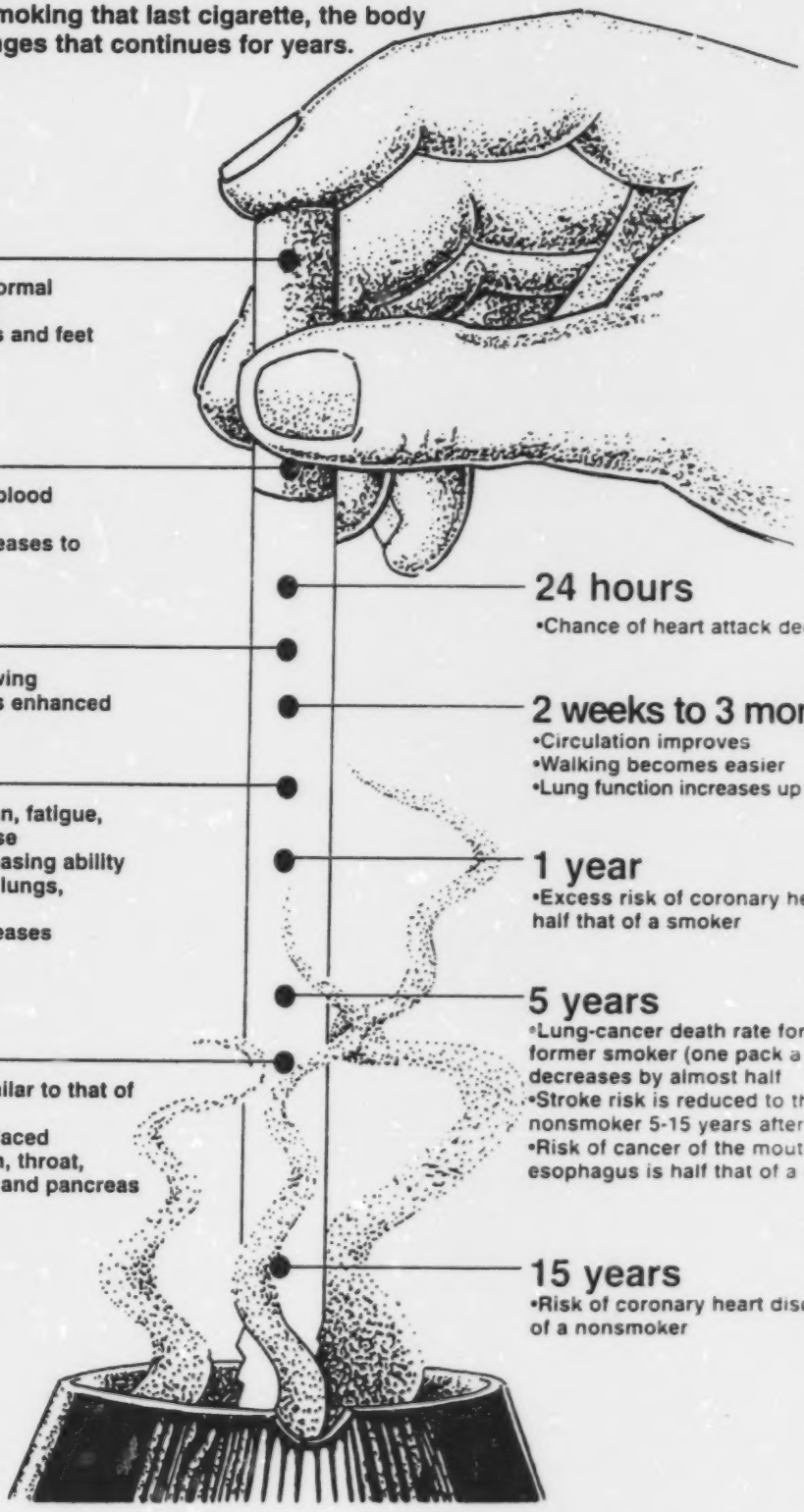
For pregnant smokers, quitting will **greatly reduce**:

- risks of miscarriage, premature delivery and stillbirth
- likelihood of low birth weight
- risk of Sudden Infant Death Syndrome (SIDS)
- risk of health and behavioral problems later in life

Generally, former smokers enjoy a better health, have better complexion, feel more in control in their life and have more cash available.

WHEN SMOKERS QUIT

Within 20 minutes of smoking that last cigarette, the body begins a series of changes that continues for years.



20 minutes
- Blood pressure drops to normal
- Pulse rate drops to normal
- Body temperature of hands and feet increases to normal

8 hours
- Carbon monoxide level in blood drops to normal
- Oxygen level in blood increases to normal

24 hours
- Chance of heart attack decreases

48 hours
- Nerve endings start regrowing
- Ability to smell and taste is enhanced

2 weeks to 3 months
- Circulation improves
- Walking becomes easier
- Lung function increases up to 30 percent

1 to 9 months
- Coughing, sinus congestion, fatigue, shortness of breath decrease
- Cilia regrow in lungs, increasing ability to handle mucus, clean the lungs, reduce infection
- Body's overall energy increases

1 year
- Excess risk of coronary heart disease half that of a smoker

5 years
- Lung-cancer death rate for average former smoker (one pack a day) decreases by almost half
- Stroke risk is reduced to that of a nonsmoker 5-15 years after quitting
- Risk of cancer of the mouth, throat and esophagus is half that of a smoker's

10 years
- Lung-cancer death rate similar to that of nonsmokers
- Precancerous cells are replaced
- Risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases

15 years
- Risk of coronary heart disease is that of a nonsmoker

Source: New Brunswick Lung Association

NOTES

B. Obstacles to Cessation

There are many types of smokers but those who smoke the most (over 10 cigarettes a day) usually find it harder to quit. Nicotine is one of the most addictive drugs known and is the main reason why cigarettes are hard to give up. In addition, smokers are used to smoke in certain situations, at certain times and this creates a habit, a psychological addiction which compounds the physiological dependence. For instance, smoking a cigarette may be part of a daily ritual when:

- having a coffee
- watching T.V.
- finishing a meal
- going out for a drink
- driving

Reaching for a cigarette may also be a way of dealing with:

- stress
- boredom
- anxiety
- anger

Obviously, people smoke for a variety of reasons. But whatever these reasons are, and no matter how difficult quitting may be, a majority of Canadians are non-smokers and their numbers are growing. Motivation and a good dose of patience are keys to success. Research shows that about one out of five smokers manages to stay quit on first attempt. More likely, between three and five repeated attempts will be needed for the average smoker to remain smoke-free. Therefore, **if at first you don't succeed, try, try again!**

NOTES

C. Stages of Smoking Cessation

According to the literature, the most common pattern of smoking cessation involves a five-stage progression:

1. **Precontemplation**

   No precise quitting plans but open to suggestion;

2. **Contemplation**

   Checking possible quitting methods but not quite ready to quit;

3. **Preparation**

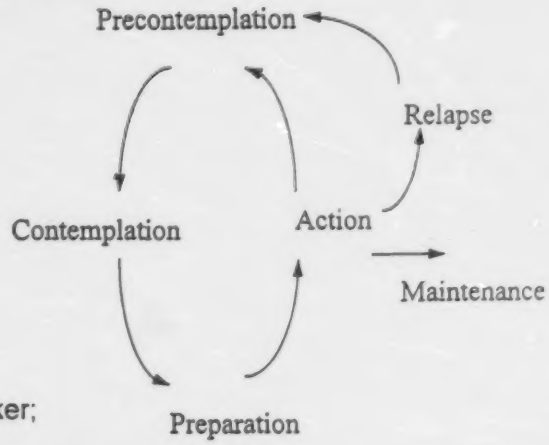
   Getting ready to quit; selecting a quitting method;

4. **Action**

   Quitting;

5. **Maintenance**

   Remaining a non-smoker;



It must be noted here that few smokers will remain permanently at stage 5. More likely they will go through one or more relapses and start the whole cycle again until they remain smoke-free or they'll give up and continue smoking.

These relapses must not be seen as failures but rather as positive accomplishments which must be integrated into any worthwhile smoking cessation program. Quitting can be seen as a gradual process since those who have tried to quit but relapsed have a better chance of succeeding than those who have not tried.

NOTES

When a smoker is addicted to nicotine, quitting deprives the body of its regular dose of stimulant which causes withdrawal symptoms:

- slowed heart rate
- difficulty to concentrate (temporary)
- irritability
- anxiety
- headaches and sleep disturbance
- increased appetite (especially for sweets)
- increased coughing (temporary) due to cilia regaining their cleaning function
- strong desire to smoke (decreases as time goes by)

In addition to these physical effects, quitting leaves the ex-smoker with a feeling of emptiness and void which comes from the habit of having a cigarette in one's hand or in one's mouth. The psychological dependence often outlives the physiological addiction.

Activity 10, Section 4-A,B,C - Smoking Cessation Quiz

Activity 10, Section 4 - A, B, C

Smoking Cessation Quiz

1. When someone quits smoking, the following changes occur in the short-term:

   a) lungs work better
   b) energy level increases
   c) blood circulation improves
   d) all of the above

2. Smoking during pregnancy:

   a) harms the fetus
   b) may cause premature delivery or miscarriage
   c) has no effect because the placenta protects the fetus
   d) (a) and (b) are correct answers

3. The reason it is difficult to quit smoking is:

   a) nicotine addiction
   b) psychological dependence
   c) certain situations trigger a desire to smoke
   d) all of the above

4. The percentage of people who quit smoking on a first attempt is:

   a) 5%
   b) 10%
   c) 20%
   d) 35%
   e) 50%

5. In the long-term, smoking cessation produces health benefits for the ex-smoker. Risk of heart attack is half that of smoker after_____year(s). Risk of stroke is the same as that of a non-smoker after_____year(s). It takes_____years before heart attack risk becomes the same as that of non-smoker.

6. Smokers use cigarettes as a way of:

   a) dealing with the stress and anxiety
   b) relaxing
   c) controlling their anger
   d) all of the above

Activity 10, Section 4 - A, B, C

7. In Canada, there are:

   a) more smokers than non-smokers
   b) more people using S.T. than smoking
   c) more non-smokers than smokers
   d) more older smokers than teen-smokers

8. The most common model of smoking cessation involves:

   a) 5 stages
   b) 3 stages
   c) 6 stages

9. The key to quitting smoking and staying quit is:

   a) an expensive program
   b) the smoker's determination to quit
   c) a good trainer
   d) an appropriate cessation program

10. Which of the following is <u>not</u> a withdrawal symptom due to quitting smoking?

    a) irritability and anxiety
    b) increased craving for food especially sweets
    c) faster heart rate
    d) temporarily increased coughing

NOTES

D. Methods to Stop Smoking

Smokers' needs and circumstances differ depending on gender, occupation, education, income, etc. They tend to turn to different smoking cessation methods accordingly. The most common include:

- "Cold turkey" - quitting abruptly
- gradually decreasing intake
- joining a cessation program
- getting help from a physician
- forming one's own group
- nicotine gum
- hypnosis
- acupuncture
- behaviour modification

Similarly, there is a great variety of smoking cessation programs, some of which are geared to specific groups: workers, men, women, teens, etc. But in general, they can be divided in three categories:

1. **Self-help Programs**

   These are designed to be used primarily by individuals on their own without further help or assistance

2. **Group Programs**

   These are designed to be used primarily in group setting with a designated facilitator. May also include self-help material.

3. **Counselling Programs**

   These involve one-to-one counselling or instruction. Self-help materials can also be used here.

See: Smoking Cessation Programs, an Inventory of Self-help and Group Programs, prepared by National Clearinghouse on Tobacco & Health, March 1994.

Activity 11, Section 4-D

Review of Smoking Cessation Programs

Purpose of activity: to get a sense of the variety and types of smoking cessation programs available to the general population and to assess which ones could possible be used or adapted for Native populations.

Methods: Divide participants in groups of 3-4 people using: Smoking Cessation Programs: An Inventory of Self-Help and Group Programs, assign 10 programs to each of the groups for them to work on.

- Each group chooses a secretary.

- Each group assigns the programs to analyze to each of its members (i.e. 2 or 3 programs per person).

- Each participant should look for the following criteria:

  - type of program (self-help, group, counselling)
  - target group (women, workers, general, teens)
  - variety of methods
  - cost
  - accessibility
  - duration
  - suitability for Native groups

- Participants in each group discuss the programs which they feel are the most suitable.

- The secretary notes the main points.

- Each group selects one or more programs and presents its characteristics and potential for use or adaptation in Native communities.

NOTES

It must be emphasized that program evaluation is not only difficult, it is also unreliable if only because those who run the program are often those who do the evaluation, a rather biased situation.

Success depends mostly on individual motivation and finding the method/program that suits one's needs.

Activity 11, Section 4-D - Review of: Smoking Cessation Programs: An Inventory of Self-Help and Group Programs

NOTES

E. How to Choose a Program to Help you Quit Smoking?

When a smoker is ready to quit smoking, he/she has to decide which would be the best program for his/her particular needs. The following is a check list to help make the right choice.

Does the Program...

- have a fee?	Yes____	No____
...if yes, is it reasonable	Yes____	No____
- help the smoker deal with the physical addiction of smoking?	Yes____	No____
- deal with the psychological addiction of smoking?	Yes____	No____
- help the smoker deal with the habitual rituals of smoking?	Yes____	No____
- help the smoker deal with the social nature of smoking?	Yes____	No____
- prepare the smoker for a future without cigarettes?	Yes____	No____
- reinforce the smoker's motivation to quit?	Yes____	No____
- provide tips to control urges to smoke?	Yes____	No____
- fit into your work and family schedule?	Yes____	No____
- have trained and sympathetic leaders or staff?	Yes____	No____
- have a good reputation?	Yes____	No____
- offer long-term support or follow-up	Yes____	No____

While a good cessation program is not sufficient to successfully quit smoking, it can, coupled with a good dose of determination, be an important element in quitting and staying smoke-free. At the community level, especially in Native communities, a combination of measures have to be implemented. They must focus on prevention and making the community smoke-free in public places as well as in private households. Smoking cessation is an important part of this goal.

Activity 12, Section 4-D - Video: Talking Circle

Activity 12, Section 4-D - Talking Circle Video

1. WHAT WAS THE MAIN POINT OF THE VIDEO?

2. THE PHILOSOPHY OF THE "TALKING CIRCLE" APPEALS TO ME MORE THAN OTHER METHODS BECAUSE....

3. NATIVE PEOPLE RESPOND TO THIS METHOD BETTER BECAUSE...

4. PERSONAL COMMENTS ABOUT VIDEO:

5. REFERENCES AND RESOURCES

NOTES

This last part of the manual includes a variety of tools and information which are meant to assist anyone who wishes to use this package for community workshops or information sessions.

The workshop presentation section is designed to provide practical tips and methods to run a workshop successfully.

The comprehensive bibliography is coded to direct the user to particularly relevant items (*) and to those (◦) which are available at NIICHRO's office in Kahnawake, Quebec.

There is also a list of the resources contained in the package as well as duplicates of activities included in the body of the manual and additional activities. Finally, there is a guide to relevant AV materials and a list of organizations and resources likely to be of use for more research on the topic of tobacco.

A. Workshop Presentation

1. Be Prepared:

When running a workshop, **be sure to be well prepared.** Being over-prepared is better, it gives you confidence, especially if you have little or no experience in running a workshop.

- Make sure that you have all the materials and equipment you need - check the list provided in this section.
- Test your equipment: videotapes, overhead projector, tape recorder or whatever you are using. Check ahead of time to make sure it works.
- Have your schedule, manual, hand-outs, notes, etc.. handy and organized as you plan to use them.
- Review your material before hand and make your own notes for things to remember for oral presentation.

NOTES

- Be clear in your own mind about what you are going to say and do. If you know your "stuff", you will be able to put it across much more clearly, you will be more confident and you will enjoy yourself.

2. Introduce yourself and the purpose of the workshop

Now that your audience is there, you want to make sure they know you and why you are there. A typical introduction may go as follows: "Hi, my name is_____, I live and work in_____, I have been a CHR for____years, and I am here to talk to you about tobacco reduction in Native communities. We shall be together for two days and I hope we learn a lot about this topic. I also hope we will enjoy ourselves in the process."

You may then proceed to go over the schedule and briefly explain which main areas will be covered during the workshop. The participants follow your explanations on the schedule which has been distributed beforehand.

Finally, you want to outline the methods you will be using as well as the materials, i.e. visual aids, such as hand outs, videos, etc.., the training manual, kit items, and so on. Explain to the participants that you will be doing some oral presentation of the material based on the contents of the manual but that they are also expected to provide input through quizzes, role plays, and various types of group work as well as feedback on the videos they will be watching.

B. Trainer's Style

Every person has their own style and trainers are no exception. There are, however, a few guidelines worth remembering:

NOTES

1. Effective message delivery

- Speak clearly
- Emphasize key words
- Avoid monotony, use pitch variation
- Make pauses without using non-words such as ah's, er's, uh's, etc...
- Keep good eye contact with your audience. Do not stare at only one group or one area in the room, look at all areas and all the people so they all feel included and they all hear your message.
- Do not read your notes, just glance at them now and again. You should be prepared enough for this to be sufficient.
- Use question/answers period, exercises to keep participants involved.

2. Adequate vocabulary

- Use words your audience can understand
- If you have to use technical words, explain their meaning.
- Be accurate, tell the facts

3. Posture, poise and gesture

- Dress appropriately in something you feel comfortable in. Do not overdress, do not wear too much make-up or too many accessories.

- Stand with confidence but not arrogance, and move about the room while you are presenting.

- Use natural gestures to accent important points (free flowing hands and arms) but don't overdo it. Smile when presenting to help you and the participants relax.

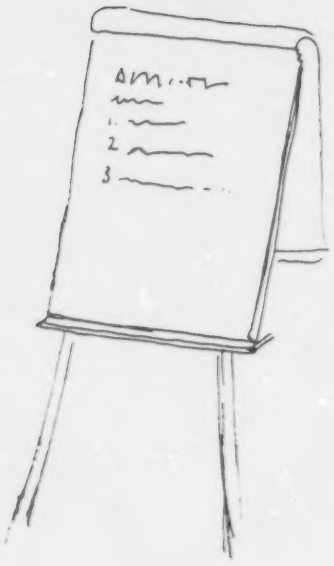
NOTES

4 Keep your sense of humour

- Poke fun at yourself, people will laugh with you and it will help you if you are nervous
- Tell a joke (short) if you have a good one, it will break the ice.
- Turn a potentially embarrassing situation (we all have those) into a funny one.
- Be yourself, be sincere and do your best, the audience will feel it and appreciate. Good Luck!

C. Checklist: Workshop

Workshop Materials and Equipment



- Overhead projector
- Flip chart
- Flip chart paper
- T.V./V.C.R.
- Cassette player/recorder
- Videos
- Audio-cassettes
- Tables
- Chairs
- Coffee machine
- writing pads
- masking tape
- scotch tape
- pencils
- markers
- name tags
- tent cards
- kits containing resource materials:
  - newsletter
  - poster, pamphlets, leaflets, buttons
  - xeroxed copies of overhead transparencies
  - xeroxed copies of hand outs, fact sheets, etc.
  - videos, audio-cassettes

Refreshments:

- coffee
- tea
- milk
- juice
- cookies

D. Training Package Contents

Section 1

- Women & Tobacco (Pamphlet) Heart & Stroke Foundation
- Fifty Questions (Booklet) Canadian Cancer Society
- What everyone should know about: Smoking, Second Hand Smoke, Chewing Tobacco & Snuff, (Booklets) Northwest Territories Health Promotion 1990
- Tobacco: The Facts (Pamphlet) Canadian Council on Smoking & Health
- Second Hand Smoke (Pamphlet) Canadian Lung Association
- Cigarette Smoking (Pamphlet) Canadian Lung Association
- Tobacco & Your Heart (Pamphlet) Heart & Stroke Foundation
- Is There a Safe Tobacco (Pamphlet) Canadian Lung Association
- Tobacco: The Sacred Gift (Booklet/Pamphlet/Poster)
- Assembly of First Nations, Ottawa, Ontario
- 1 Audio-cassette "Health Risks" - Michael Montour
- 1 Video - NASAWIN
- 16 Presentation hand outs (red)

Section 2

- Where there's Smoke (Pamphlet) Canadian Cancer Society
- Growing up in Smoke (Pamphlet) Canadian Cancer Society
- Kids Decide (Pamphlet) Breakfree/Health Canada
- Your Kid & Tobacco (Pamphlet) Heart & Stroke Foundation
- 10 Presentation hand outs (orange)
- 3 Fact sheets (orange)

Section 3

- Evening the Odds (Pamphlet) Canadian Association for the Advancement of Women & Sports
- Pal-Smoking Prevention Program (Pamphlet) Health Canada
- No Smoking (Booklet) Canadian Lung Association
- 8 Presentation hand outs (yellow)
- 3 Fact sheets (yellow)

Section 4

- Get On Track (Booklet) Canadian Lung Association
- The Nicotine Patch (Pamphlet) Canadian Lung Association
- How to be a Happy ex-Smoker (Booklet) Canadian Cancer Society
- Tobacco Use Cessation Program: An Inventory of Self-help and Group Programs (Guide), 1996 Update, Breakfree, Health Canada
- 11 Presentation hand outs
- 1 Nicorette fact sheet
- 1 Audio-cassette - "Cessation" - Kathy Jacobs
- 1 Video - Talking Circle

Miscellaneous

- 1 copy of *In Touch* Newsletter
- 1 Workshop schedule for Third National Training Session, Halifax, June 2-5, 1996
- 1 "Kick the Butt" button
- 2 Posters

E. Workshop Activities and Answers

This section includes duplicates of all activities found in the body of the manual as well as answers to quizzes. In addition, there are suggestions for extra activities, ice breakers and relaxation exercises which may be used when conducting workshops or information sessions in communities. A questionnaire for assessing community needs and results of such an assessment has also been added for reference purposes.

1. Workshop Activities

   (See below)

2. Answer to quizzes

   (See below)

3. Extra activities

Problem solving

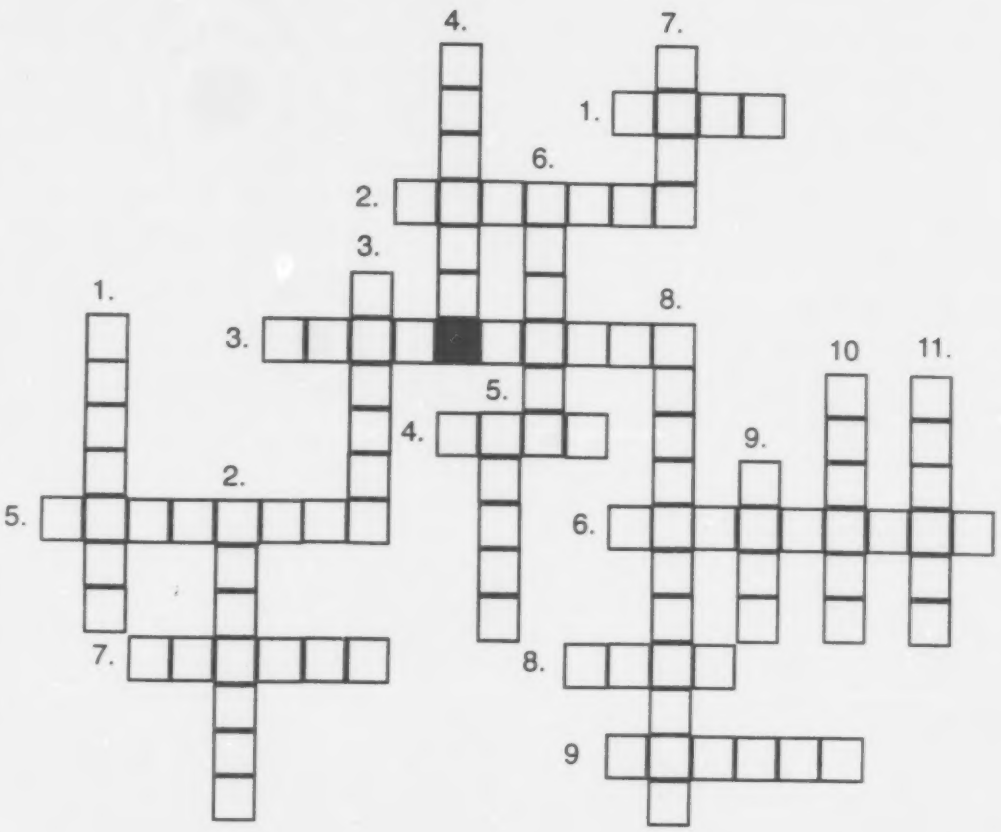
Situation 4

Band Councillor who smokes like a chimney is trying to block a resolution to have a smoke-free building which houses band office, community center, day-care etc.

Situation 5

Your community school is supposed to be smoke-free. There are "no smoking" signs posted everywhere and the teachers and other staff are complying. The principal however, who was hired recently, is a smoker and your son who goes to that school has seen him smoking and smelled smoke coming from the principal's office. How can the students and teachers respect a policy that the principal himself is flaunting.

CROSS WORD PUZZLE
COMMERCIALIZATION OF TOBACCO



ACROSS:

1. When they are _____, you just smoke more of them.
2. Thanks to me, we could make 15,000 of them a day.
3. I gave my name _____ _____ to the most dangerous poison in tobacco.
4. After spreading to Europe, tobacco reached _____.
5. One single drop of it can kill you.
6. Those who are hooked could just die for one _____..
7. Cigarette ads were banned in this country in the 1990's.
8. It grows on the land.
9. In Native North America, tobacco was a _____ plant.

DOWN:

1. _____ is the main cause of lung cancer.
2. If used in a non-traditional manner, it can kill you
3. Not an immigrant.
4. They came from _____ and brought many diseases to America.
5. It may be smokeless but it is not harmless.
6. He founded the first cigarette factory in Cuba.
7. If you smoke long enough, you will get _____
8. Tobacco should only be used in the _____ way
9. Once you're hooked, you're always short of _____
10. Read the____carefully and you know it's bad for you
11. Cigarettes can be sold with or without_____

Ice breakers:

Purpose: to get all participants to know each other, to share ideas, to be able to work together, to create a relaxed atmosphere.

Examples of ice breakers:

- Mutual interviews:

  Pair up the participants and ask them to interview each other. Give them 10 minutes maximum for this. They should take brief notes of the information their partner gives them. When they are done, each partner introduces the other to the whole group (1-2 minutes maximum). Something funny should be said about each person as long as the person agrees to this.

- Personal presentation to the group.

  Each participant introduces himself/herself briefly to the group and states what she/he expects from the workshop (1-2 minutes).

- Name tags

  Each participant draws a picture, writes words which he/she can wear as name tag. (Allow 5 minutes for drawing).

- Something funny

  The group has 5 minutes to prepare for this. Each participant than has 1-2 minutes to say something funny, unusual, amusing about herself/himself. It can be a funny (but not "dirty") joke. Each speaks in turn. A timekeeper may be assigned who will "police" the laughter and keep the "funnies" short.

Relaxation

Purpose: to get all participants to relax, to leave behind tension and anxiety they may feel, to allow them to be fully present and concentrate on the group's activities, to develop trust within the group.

Examples of relaxation techniques

- Physical exercises: stretching, bending, rotation of head, arms, shoulders, etc.

• Falling outward exercise

Ask the participants to stand close together in a circle so that their shoulders are touching. In turn, each participant stands upright in the center of the circle with arms hanging loosely by their side. They are instructed to close their eyes and relax as much as possible. They should allow themselves to fall outwards so that the other participants can catch them gently and then proceed to push them around the circle. This should be carried out quietly; the participants in the circle can make a sound like the wind in the trees if they wish.

This exercise could be particularly useful when trying to relieve stress i.e. in smoking cessation programs and workshops.

• Music

Playing soft music helps in making a relaxed atmosphere especially at the beginning of workshop sessions.

• Meditation

Simply holding hands in a circle and focusing on one's breath, looking at the flame of a candle, or eyes closed, using meditative music. Meditation helps focus the group on the task at hand and dispels tensions and anxieties.

Activity 1, Section 1-A

TRADITIONAL TOBACCO INFORMATION TEST

Read "Historical Background on Tobacco" *In Touch* Vol. 6, no. 2, Jan. 1996 (training kit) and answer the following questions:

1. The tobacco plant used traditionally by Aboriginal people in North America is the same one we smoke today in cigarettes.

   True_____ False_____

2. Europeans brought tobacco to America. True_____ False_____

3. In Traditional ceremonies, the Sacred Pipe was used to smoke:

   a) only Indian tobacco
   b) a mixture of tobacco and other plants
   c) other plants
   d) either a, b or c

4. Nowadays, Native people use tobacco in a traditional way when:

   a) they want to pray to the Creator
   b) they ask for blessing at the beginning of major events.
   c) they offer a gift of tobacco to an elder when asking him or her for help or advice.
   d) all of the above

5. In pre-contact times, the traditional use of tobacco did not result in addiction and illness.

   True____ False____

Activity 1, Section 1-A

Additional information pertaining to each participant's community.

6. Do you feel that the people of your community justify smoking or chewing commercial tobacco by saying that "tobacco is part of the Indian tradition?"

   Yes ____ No ____ Don't know ____

7. Would a workshop or some form of clarification on the differences between traditional and non-traditional tobacco be beneficial to your community?

   Yes ____ No ____

   Specify which group(s) would most benefit:

   children _____
   teenagers _____
   adults _____
   elders _____

8. In which ways is traditional tobacco being used in your community? Explain briefly.

9. Feel free to add any relevant comment regarding traditional tobacco and your community.

Activity 2, Section 1-C

Quiz on Non-Traditional tobacco

1. In Canada, there are more smokers than non-smokers. T____ F____
2. Traffic accidents are the main cause of death in Canada. T____ F____
3. Health risks increase with intensity and duration of smoking. T____ F____
4. Native people in Canada have lower smoking rates than Natives in the U.S. T____ F____
5. Inuit people have the highest rates of smoking compared to other Natives and to the non-Native population in Canada. T____ F____
6. Canadian Native people have less ailments due to smoking than non-Natives. T____ F____
7. Smoking causes 80% of all lung cancer deaths and 30% of all cancer deaths. T____ F____
8. Tobacco is only sold as cigarettes. T____ F____
9. The more income and education a person has, the more she or he is likely to smoke. T____ F____
10. Living with a smoker increases the chances of being a smoker oneself. T____ F____
11. Most chemicals in tobacco smoke are harmless. T____ F____
12. Coumarin is a brand of cigarettes. T____ F____
13. One drop of pure nicotine on the tongue can kill a person. T____ F____
14. Smoking can damage a fetus and cause other complications in pregnant women. T____ F____

Activity 2, Section 1-C

15. Smoke from other people's cigarettes endangers the health of non-smokers. T____ F____

16. Breast cancer is more common than lung cancer among women. T____ F____

17. Women smokers who take birth control pills are at much higher risk of strokes and heart disease than non-smokers. T____ F____

18. Children of smoking parents have more coughs, colds and even pneumonia than children of non-smokers. T____ F____

19. Side-stream smoke contains fewer chemicals than mainstream smoke. T____ F____

20. Smokeless tobacco is quite harmless. T____ F____

Activity 3, Section 1 - A, B, C - NASAWIN Video

1. WHAT WAS THE MAIN POINT OF THE VIDEO?

2. WHAT I LIKED BEST WAS...

3. WHAT I LIKED LEAST WAS...

4. WHAT I WOULD CHANGE...

5. I'M NOT SURE ABOUT...

6. A QUESTION I HAVE IS...

Activity 4, Section 2-B

Role play

Actors needed:

Dave who has just quit smoking
The older chief, a smoker

Situation:

At the band council meeting, Dave, a young councillor who has just quit smoking, is sitting near the older chief who is puffing away on a cigarette. Dave is highly bothered by it, but does not dare say anything. Soon, however, he starts coughing and seems unable to stop.

Chief: Since when does my smoke bother you, Dave?

Dave: Well, I quit smoking a week ago and I have a hard time breathing when there is smoke around.

Chief: Oh, well, you may as well have one, it will fix that problem!

Participants prepare replies which solve the conflict situation and convince the chief to butt out. They act out the scene.

Method:

- Divide workshop participants in groups of 4-5 people.
- Each group picks a secretary and 2 actors.
- They prepare a scenario with the necessary dialogue (brainstorming, rehearse the skit).
- The two chosen actors present the skit to all the other participants in workshop.
- When all three groups have presented their skits, the participants discuss the various ways in which the conflict was resolved.
- Note the main points that come out of the whole exercise, i.e.; what were the key elements in resolving the conflict.

Activity 5, Section 2-D

Role play

Actors needed:

Sarah, a mother who has quit smoking
Sarah's father

Situation:

Sarah is a wife and mother who is pregnant. She has just quit smoking. She has stickers on her door and in her kitchen that say "thank you for not smoking". Her father has stopped by to visit.

Father: So, I hear you quit smoking.

Sarah: Yes. I used to think that smoking affected just me. But I just found out how bad it was for the baby so I decided to quit.

Father: Oh, you don't want to hurt the baby. (Takes cigarettes and lighter out of pocket.)

Sarah: And I also learned that pregnant women shouldn't breathe the smoke from other people's cigarettes.

Father: That's good, I'm proud of you. (Lights the cigarette.)

Sarah: _____

Participants prepare replies which solve the conflict situation and convince the father to put out his cigarette. They act out the scene.

Methods:

- Divide workshop participants in groups of 4-5 people.
- Each group picks a secretary and 2 actors.
- They prepare a scenario with the necessary dialogue (brainstorming, rehearse the skit).
- The two chosen actors present the skit to all the other participants in workshop.
- When all three groups have presented their skits, the participants discuss the various ways in which the conflict was resolved.
- Note the main points that come out of the whole exercise, i.e.; what were the key elements in resolving the conflict.

Activity 6, Section 2 - B, C, D

Problem Solving

Situation 1

Store sells cigarettes to minors.
Community knows about this.
How to make it stop.
- prove it does.
- mobilize community members who are interested in issue (parents etc.)
- act upon it.

Method

- Divide workshop participants in groups of 3-5 people depending on number of participants present.
- Each group picks a secretary and a presenter (it would be better if it was not the same person.
- They read the problem and brainstorm about the possible solutions.
- Secretary takes notes.
- The group then comes to a consensus regarding the best course of action, i.e. the different steps to be taken which would most likely solve the problem.
- Secretary writes down the agreed upon solution.
- The solution is presented to all the other participants in the workshop.

Activity 6, Section 2 - B, C, D

Problem Solving

Situation 2

In one of the communities you visit as a CHR, there is a family where the mother, father and two teenage children smoke. The youngest child, a six-year old girl is asthmatic. She has had several bad asthma attacks. How would you convince them to make the home smoke-free?

Methods

- Divide workshop participants in groups of 3-5 people depending on number of participants present.
- Each group picks a secretary and a presenter (it would be better if it was the same person.
- They read the problem and brainstorm about the possible solutions.
- Secretary takes down notes.
- The group then comes to a consensus regarding the best course of action, i.e. the different steps to be taken which would most likely solve the problem.
- Secretary writes down the agreed upon solution.
- The solution is presented to all the other participants in the workshop.

Activity 6, Section 2 - B, C, D

Problem Solving

Situation 3

A teenage boy in the community is on a sports team in the city. He and some of his team-mates use S.T. on a regular basis. He comes back to the community and brings packages of snuff which he gives out to his friends. Since he is a good athlete, he has quite a lot of influence on his peers. What can be done to stop his influence and the spread of S.T. among teenage boys in the community?

Methods

- Divide workshop participants in groups of 3-5 people depending on number of participants present.
- Each group picks a secretary and a presenter (it would be better if it was not the same person).
- They read the problem and brainstorm about the possible solutions.
- Secretary takes notes.
- The group then comes to a consensus regarding the best course of action, i.e. the different steps to be taken which would most likely solve the problem.
- Secretary writes down the agreed upon solution.
- The solution is presented to all the other participants in the workshop.

Activity 7, Section 3-B

Content analysis of tobacco ads
Group work

Method

- Divide workshop participants in 5 groups (3-5)
- Each group chooses one ad
- Each group selects a secretary
- Members of each group brainstorm about what is in the ad
- They choose the most important elements that emerge out of the group's suggestions and the secretary writes them down
- They present their findings to all the other participants in the workshop

Guidelines for analysis

- What adjectives come to mind when looking at the ad? i.e.; slim, cool, smart, strong, etc..?
- What feelings do you get from looking at the ad?
- What is not mentioned which you think should be there?
- Comment on packaging of cigarettes shown?
- Anything else?

Activity 8, Section 3-B

Video: Diary of a Teenage Smoker

You are about to see a video on young women and smoking. This video is directed at young girls aged 12-15 and deals with many of the underlying reasons why young women smoke.

Answer the following questions; then check your answers as you watch the video.

1. Peer pressure is the main reason young women start to smoke. T____ F____

2. The majority of teenagers who smoke at least 2 cigarettes go on to become regular smokers. T____ F____

3. Women who smoke and take birth control pills are 39 times more likely to have a stroke than women who don't smoke. T____ F____

4. Tobacco advertising encourages young women to smoke. T____ F____

5. It's easy to quit smoking. T____ F____

6. Young women smoke for different reasons than men. T____ F____

7. Do you feel this video would go over well with young women in your community?

_____

_____

8. What, if anything, would you change to the video to make it more effective?

_____

_____

_____

Activity 9, Section 3-D

Prevention Program Development
Group work

Method

- Divide participants in groups of 4-5 people
- Each group chooses one category,

  either: women
  children
  teenagers

- Each group selects a secretary
- Each group brainstorm on elements to be included in a prevention program for chosen category
- Each group selects best elements emerging out of group's suggestions and the secretary writes them down.
- They present their findings to all the other participants in the workshop

Guidelines

Section D - Key elements of prevention should be reviewed for this activity

Activity 10, Section 4 - A, B, C

Smoking Cessation Quiz

1. When someone quits smoking, the following changes occur in the short-term:

   a) lungs work better
   b) energy level increases
   c) blood circulation improves
   d) all of the above

2. Smoking during pregnancy:

   a) harms the fetus
   b) may cause premature delivery or miscarriage
   c) has no effect because the placenta protects the fetus
   d) (a) and (b) are correct answers

3. The reason it is difficult to quit smoking is:

   a) nicotine addiction
   b) psychological dependence
   c) certain situations trigger a desire to smoke
   d) all of the above

4. The percentage of people who quit smoking on a first attempt is:

   a) 5%
   b) 10%
   c) 20%
   d) 35%
   e) 50%

5. In the long-term, smoking cessation produces health benefits for the ex-smoker. Risk of heart attack is half that of smoker after_____year(s). Risk of stroke is the same as that of a non-smoker after_____year(s). It takes_____years before heart attack risk becomes the same as that of non-smoker.

6. Smokers use cigarettes as a way of:

   a) dealing with the stress and anxiety
   b) relaxing
   c) controlling their anger
   d) all of the above

Activity 10, Section 4 - A, B, C

7. In Canada, there are:

   a) more smokers than non-smokers
   b) more people using S.T. than smoking
   c) more non-smokers than smokers
   d) more older smokers than teen-smokers

8. The most common model of smoking cessation involves:

   a) 5 stages
   b) 3 stages
   c) 6 stages

9. The key to quitting smoking and staying quit is:

   a) an expensive program
   b) the smoker's determination to quit
   c) a good trainer
   d) an appropriate cessation program

10. Which of the following is <u>not</u> a withdrawal symptom due to quitting smoking?

    a) irritability and anxiety
    b) increased craving for food especially sweets
    c) faster heart rate
    d) temporarily increased coughing

Activity 11, Section 4-D

Review of Smoking Cessation Programs

Purpose of activity: to get a sense of the variety and types of smoking cessation programs available to the general population and to assess which ones could possible be used or adapted for Native populations.

Methods: Divide participants in groups of 3-4 people using: Smoking Cessation Programs: An Inventory of Self-Help and Group Programs, assign 10 programs to each of the groups for them to work on.

- Each group chooses a secretary.

- Each group assigns the programs to analyze to each of its members (i.e. 2 or 3 programs per person).

- Each participant should look for the following criteria:

  - type of program (self-help, group, counselling)
  - target group (women, workers, general, teens)
  - variety of methods
  - cost
  - accessibility
  - duration
  - suitability for Native groups

- Participants in each group discuss the programs which they feel are the most suitable.

- The secretary notes the main points.

- Each group selects one or more programs and presents its characteristics and potential for use or adaptation in Native communities.

Activity 12, Section 4-D - Talking Circle Video

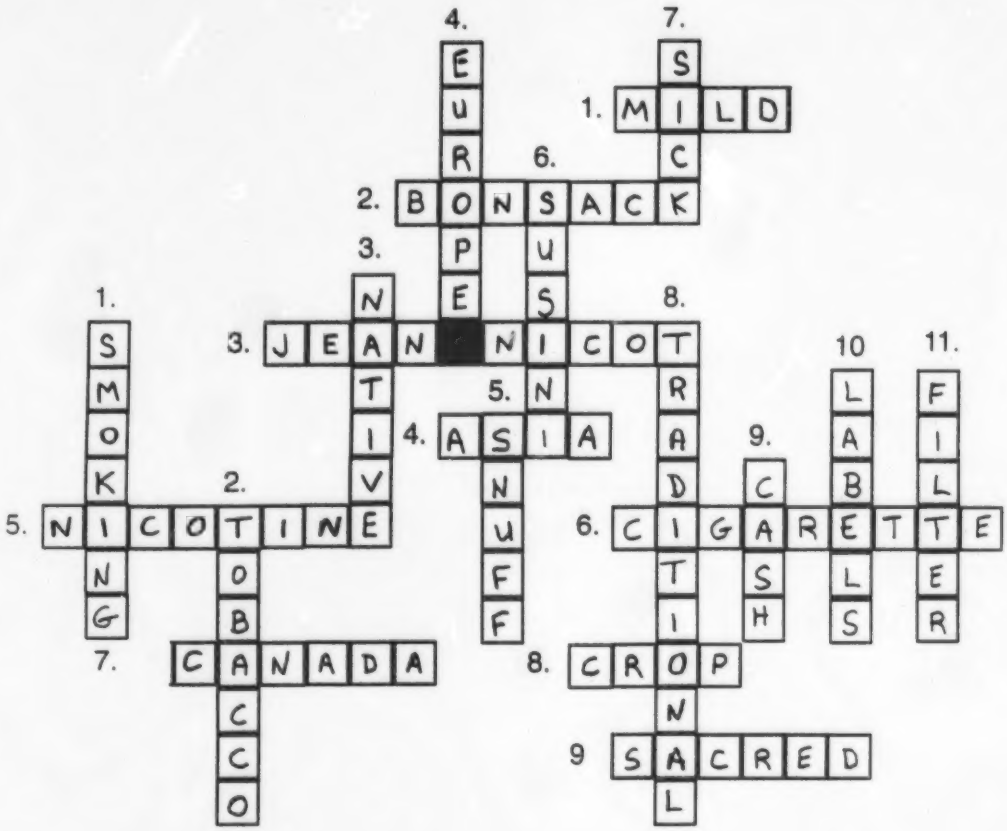
1. WHAT WAS THE MAIN POINT OF THE VIDEO?

2. THE PHILOSOPHY OF THE "TALKING CIRCLE" APPEALS TO ME MORE THAN OTHER METHODS BECAUSE....

3. NATIVE PEOPLE RESPOND TO THIS METHOD BETTER BECAUSE...

4. PERSONAL COMMENTS ABOUT VIDEO:

CROSS WORD PUZZLE
COMMERCIALIZATION OF TOBACCO



ACROSS:

1. When they are_____, you just smoke more of them.
2. Thanks to me, we could make 15,000 of them a day.
3. I gave my name _____ _____ to the most dangerous poison in tobacco.
4. After spreading to Europe, tobacco reached _____
5. One single drop of it can kill you.
6. Those who are hooked could just die for one _____.
7. Cigarette ads were banned in this country in the 1990's.
8. It grows on the land.
9. In Native North America, tobacco was a _____ plant.

DOWN:

1. _____ is the main cause of lung cancer.
2. If used in a non-traditional manner, it can kill you.
3. Not an immigrant.
4. They came from _____ and brought many diseases to America.
5. It may be smokeless but it is not harmless.
6. He founded the first cigarette factory in Cuba.
7. If you smoke long enough, you will get _____ .
8. Tobacco should only be used in the _____ way.
9. Once you are hooked, you are always short of ____.
10. Read the____carefully and you know it's bad for you.
11. Cigarettes can be sold with or without_____.

Activity 1, Section 1-A

Traditional Tobacco
Information test - Answers

1. **False**
   Indian tobacco is *Nicotianà rustica*. The commercial tobacco used in cigarettes is *Nicotiana tabacum*.

2. **False**
   Tobacco is native of South and Central America from where it spread to North America.

3. d

4. d

5. **True**
   Since it was used in a controlled way, traditional tobacco was not a health problem.

6. 7, 8, 9. Please answer to the best of your knowledge.

Activity 2, Section 1-C

Answer to Quiz on Non-traditional Tobacco

1. **False** Two thirds of Canadians over age 15 do not smoke.

2. **False** Tobacco kills more people in Canada than traffic accidents, suicide, murders, AIDS and other drug use, all combined.

3. **True** The more cigarettes one smokes per day and the longer the period one smokes, the more chances to suffer ill consequences one has.

4. **False** Native people in Canada have higher rates, 58% as opposed to 33% for U.S. Natives.

5. **True** Inuit smoking rate is 72% compared to 57% for Metis, 56% for Indians and 31% for the non-Native Canadian population.

6. **False** Native people have much higher rates of all ailments related to tobacco abuse than the non-Native population.

7. **True** Tobacco is definitely the main cause of lung cancer and is linked to many other cancers.

8. **False** Tobacco comes in many forms although cigarettes are most common. Tobacco can be smoked in cigars or in pipes. It also comes as snuff or chewing tobacco (S.T.).

9. **False** The opposite is true and this is the case in both Native and non-Native population.

10. **True** A majority of smokers live with another smoker.

11. **False** Most chemicals in smoke are not only harmful but many of them are also cancerigenous.

12. **False** Coumarin is an additive which gives "mild" cigarettes a pleasant vanilla-like flavour. It has been shown to be cancer-causing.

13. **True** Nicotine is a powerful poison used in some insecticides.

14. **True** The chemicals in smoke absorbed by the mother cross the placenta and can affect the fetus.

Activity 2, Section 1-C

15. **True** People living with a smoker have a 34% higher chance of getting cancer of the lung.

16. **False** Lung cancer has now overtaken breast cancer as a major health risk for women. This is even worse among Native women.

17. **True** Women who smoke and take the pill have five times a higher risk of having heart attacks as non-smokers pill users, and ten times that of non-pill users non-smokers.

18. **True** E.T.S. affects all those living with smokers and especially children.

19. **False** It actually contains higher concentrations of all the chemicals present in mainstream smoke as well as others which form in combining with the air.

20. **False** S.T. contains nicotine and other chemicals which can cause cancer of the oral cavity. The nicotine in S.T. also causes addiction and this can lead to smoking cigarettes.

Activity 8, Section 3-B - Answers

Video: Diary of a Teenage Smoker

1. **False**
   While peer pressure is one factor that influences young women to smoke, most young women (and the advertising executive in the film) deny that it is the main reason. Image, rebellion, weight control, stress and negative feelings are all factors that influence young women's choices.

2. **True**
   Nicotine is powerfully addictive.

3. **True**

4. **True**
   Advertising is explored further in Activity 8.

5. **False**
   Most people try to quit several times before succeeding.

6. **True**
   There are enormous pressures on young women to attain the sophisticated, sexy and unrealistic image presented in fashion magazines and tobacco advertising. Young women are also more likely to smoke to hide negative feelings such as anger, sadness or loneliness. Some of their other reasons for smoking, such as rebellion, are similar to the reasons of young men.

Additional Information

7. Personal answer.

8. Answers will vary.

Activity 10, Section A,B,C

Smoking Cessation Quiz - Answers

1. d
2. d
3. d
4. c
5. In the long-term, smoking cessation produces health benefits for the ex-smoker. Risk of heart attack is half that of smoker after 1 year(s). Risk of stroke is the same as that of a non-smoker after 5 year(s). It takes 15 years before heart attack risk becomes the same as that of non-smoker.
6. d
7. c
8. a
9. b
10. c

Assessing Community Needs

Use the enclosed questionnaire to collect information on your community.

Once you have filled out the questionnaire to the best of your knowledge and ability, (you may ask other people in community to help you with this task), summarize the information under the seven main headings as indicated below:

- Community size and Aboriginal identity i.e. population: Indian or Inuit
- Attitudes toward non-traditional tobacco
- Assessment of problems(s) in community
- Assessment of existing programs/resources
- Assessment of needs
- Type of action necessary
- What can be done

COMMUNITY NEEDS ASSESSMENT - QUESTIONNAIRE

---

1. Community population (approximately)_____

   Indian_____
   Inuit_____

2. Does your community use tobacco the traditional way? Yes___ No___

   Comments:_____

   _____

   _____

3. Non-traditional use of tobacco.

   What is the most common?

	Smoking	Males_____	Females_____	Teens_____
Smokeless) tobacco)	Snuff	Males_____	Females_____	Teens_____
S.T.)	Chewing	Males_____	Females_____	Teens_____

4. To your knowledge,

   Do children in your community use S.T.?

   Yes_____ No_____

   If so, how young do they start?

   Primary school_____ Secondary_____

5. What are, in your opinion, your community's main problems in terms of tobacco abuse?

   _____

   _____

6. Do people in your community understand the harmful consequences of:

Using snuff	Yes_____	No_____
Chewing tobacco	Yes_____	No_____
Smoking	Yes_____	No_____

7. Do women including teenagers, understand the consequences of smoking on pregnancy?

Yes_____ No_____

8. Do people understand the effects of second-hand smoke (E.T.S) on non-smokers including children, in the house of smokers or in public places?

Yes_____ No_____

9. Do non-smokers complain about other people smoking in their presence?

Yes_____ No_____ Some_____

10. Why do people smoke?

To reduce stress _____

To reduce boredom _____

To be "cool" _____

To be accepted _____

When they drink alcohol _____

"Everyone does it" _____

Other _____

Specify_____

_____

_____

11. Have there been attempts to deal with the question of tobacco abuse in your community?

Yes_____ No_____ If yes, specify

•Community project_____Specify)

• Information sessions_____

(Specify which group(s) were targeted)

• Publicity re-dangers of tobacco abuse, etc.

- T.V. ads
- Posters
- Flyers
- Publications
- Other (specify)

12. Which people or group(s) in the community are most concerned with the problem of tobacco?

Elders _____
Leaders _____
Teachers _____
Health workers _____
Others _____

13. Which people or group(s) have already taken action re: tobacco problems in your community? Specify.

_____

_____

_____

14. What have they done? Explain.

_____

_____

_____

15. Are there any Cessation programs used in your community? Yes____ No____

If yes, explain what they consist of.

_____

_____

_____

_____

_____

16. Are there any places in the community which are smoke-free?

Community centre _____
School _____
Band office _____
Other _____ (specify)

_____

_____

17. Is there any policy or regulation in your community which deals with

• smoking in public places Yes_____ No_____

If yes, specify

_____

_____

• sales of cigarettes or S.T. to minors Yes_____ No_____

If yes, specify

_____

_____

18. In your opinion, the measures (if any) taken to deal with tobacco abuse in your community are:

- Non-existent _____
- Insufficient _____
- Ineffective _____
- Fair _____
- Effective _____

19. In your opinion which action/measures/approach are needed to improve the situation re: tobacco abuse in your community?

_____

_____

_____

_____

_____

_____

20. How would you go about getting the necessary resources to effect the needed changes?

_____

_____

_____

_____

_____

_____

Summary of results from Community Needs Assessment done at the "Train the Trainers" March 29, 30, 31, 1996, Kahnawake, Quebec

1. Communities varied in size from 150 to 7,000. All were Indian communities.

2. Generally, except for some communities, there was a lack of knowledge about traditional tobacco. There was also a certain fatalism about the issue of commercial tobacco abuse and its consequences as well as denial of the problem.

3. The main problem with respect to tobacco abuse in most communities was cigarette smoking, the most vulnerable groups being teens especially females, children, young adults and adults under 50.

   In some communities S.T. was identified as a problem. It touched young children and youth, mostly males. S.T. use is sometimes linked to sports and when addiction occurs, this often leads to cigarette smoking in teenagers.

4. Resources vary depending on communities. Some have smoke-free places, some don't. Those who have traditional people are teaching the young about traditional tobacco. Certain communities have school programs to teach children about the harmful effects of non-traditional tobacco.

   The resource people involved in fighting smoking and its consequences are mostly CHRs and nurses and in some cases, traditional people.

5. There is a need for more education on traditional tobacco, its use and value in Native culture. There is a corresponding need for greater awareness of the consequences of non-traditional tobacco abuse and of the reasons for smoking.

   There is a great need for programs geared to teens, women, children and some of the elders.

6. It is necessary to:

- have on-going education re: tobacco use for both children and teens at all school levels;
- involve non-smokers, health workers, elders and general community in the fight against tobacco abuse;
- make non-smoking and a clean air environment the norm in the community.

7. What can and must be done:

- reduce access to cigarettes and S.T. for minors
- increase prevention especially for youth and women
- lobby for change in community (with leaders)
- increase number of smoke-free places in community
- educate parents about the issue of tobacco
- facilitate communication between parents and children
- support non-smokers
- increase self-esteem and self-awareness especially among youth and women
- emphasize benefits of quitting (cigarettes, S.T.) in both health and financial terms
- share ideas among communities and groups

F. Workshop Evaluation Questionnaire

Kindly complete this questionnaire. Your comments will help us improve the final version of the manual and assist us in planning the next training session in Halifax.

1. I enjoyed the workshop activities.

Disagree				Agree
1	2	3	4	5

2. I found the content of the manual useful and informative.

Disagree				Agree
1	2	3	4	5

3. The layout of the manual is easy to understand and follow.

Diagree				Agree
1	2	3	4	5

4. I enjoyed the A.V. material and found it interesting and relevant:

Disagree				Agree
1	2	3	4	5

5. I learned something new about the issue of tobacco reduction in Native communities.

Disagree				Agree
1	2	3	4	5

6. I feel reasonbly confident that I have acquired the tools I need to train others.

Disagree				Agree
1	2	3	4	5

7. I can use my manual and kit materials in my work when I return to my community.

Disagree				Agree
1	2	3	4	5

8. What I liked best in the workshop was...

9. What I liked least in the workshop was...

10. Something I would like to change in:

The manual_____

The work shop_____

11. Something I would like to be included in the manual is...

12. Additional comments, suggestions, etc.

_____

_____

_____

_____

_____

Thank you for taking the time to complete this form.

NIICHRO

G. Bibliography

Explanatory note:
* refers to particularly relevant material
○ refers to materials available at NIICHRO's Office, Kahnawake, Que.

○Ashley, Mary Jane, *The Health Effects of Tobacco Use*, "prepared for the National Clearinghouse on Tobacco & Health by the Ontario Tobacco Research Unit:, Ottawa, 1995.

○Bill 119, "An Act to Prevent the Provision of Tobacco to Young Persons and to Regulate its sale and use by others," 3rd session, 35 Legislature, Ontario 1993.

Blondin, Bertha, "Traditional use of Tobacco Among the Dene", *Arctic Medical Research,* 1990;49:Suppl.2:51-53.

*Canadian Cancer Society, Tobacco Reduction Edu-Kit for Canadian Cancer Society Health Promotion Volunteers, Tobacco Reduction Working Group, Ontario Division. Health Canada, 1995.

○Canadian Cancer Society, When a Woman Smokes, Booklet, 1993.

○Ginzel, K.H. MD. "Hazards Smokers Impose", *The Journal of the Medical Society of New Jersey,* Vol. 87, April 1990:311-317.

* Greaves, Lorraine, Background Paper on Women and Tobacco (1987) and Update ○(1990), Health & Welfare Canada, Minister of Supply & Services, 1990.

* Greaves, Lorraine, Taking Control - An Action Handbook on Women and Tobacco, Break Free, Health & Welfare Canada, 1989.

○Gouvernement du Quebec, Quebec Anti-Smoking Legislation - A Choice for Health, Consultation Document, Ministere de la Sante et des Services Sociaux, 1995.

* Health Canada, Stephens, T., Smoking among Aboriginal People in Canada, 1991. ○Ottawa: Minister of Supply and Services Canada, 1995.

○Health Canada, Fact Sheets on Tobacco Use among High Priority Groups, Minister of Supply and Services Canada, 1994.

○Heart & Stroke Foundation, Smoking in the Workplace: A long-term liability, Fact Sheet, N.D.

*Hoover J, et al., "The Prevalence of Smokeless Tobacco Use in Native Children in
oNorthern Saskatchewan, Canada", *Canadian Journal of Public Health,* Vol. 81,
1990:350-352.

*Indian Health Services Tobacco Project, *History of Tobacco,* Cancer Prevention and
oControl Program, Albuquerque, New Mexico, N.D.

*Kurt, Majorie & Sherryl Smith, Stop Smoking Program, Facilitator's Guide, Addiction
oResearch Foundation, Ontario Ministry of Health, 1993.

*Les Editions Communiqu'Elles, Women and Smoking: What's New?, Health & Welfare
oCanada, 1990.

oMcKinnon, Allison L, et al., "Health Knowledge of Native Indian Youth in Central
Alberta", Canadian Journal of Public Health, Vol. 82, 1991:429-433.

oMain, J.H.P. & D.R. Lecavalier, "Smokeless Tobacco and Oral Disease, A Review",
Journal of Health, Vol. 54, No. 8, 1988:586-591.

* Millar, Wayne, J., "Smokeless Tobacco use by Youth in the Canadian Arctic", *Arctic
o*Medical Research,* 49, Suppl. 2, 1990:39-47.

oMitchell, E.A. et al., "Smoking and the Sudden Infant Death Syndrome" *Pediatrics,*
Vol. 91, No. 5, May 1993:893-896.

* National Cancer Institute and Smoking Policy Institute, *Smoking Policy: Questions
and Answers; N.D.*

oNational Clearinghouse on Tobacco and Health, *Youth and tobacco: The Basic
Problem,* Fact Sheet, C.C.S.H., 1995.

* National Institutes of Health, *Health Implication of Smokeless Tobacco Use,*
oConsensus Development. Conference Statement, Vol. 6, No. 1, 1986.

oNational Institutes of Health, *Smoking and Tobacco Control,* Monograph 2, NIH
Publication No. 93.3461 1992.

National Research Council, Environmental Tobacco Smoke - Measuring Exposures
and Assessing Health Effects, National Academy Press, Washington, D.C. 1986.

* N.N.A.D.A.P.; Liz O'Bomsawin, The Smoke-free kit for Native Communities; Health
and Welfare Canada 199l.

H. Selected Resources on the Issue of Tobacco

The following section offers a selection of resources useful for conducting research, workshops, community information sessions and the like. Recommended items and organizations are identified (*) and resources available at NIICHRO's office, are also marked (•) for easier access.

1. Organizations

* Addiction Research Foundation, Toronto, Ont.
* Aboriginal Nurses Association of Canada, Ottawa, Ont.
Assembly of First Nations, Ottawa, Ont.
British Columbia Cancer Society, Vancouver, B.C.
British Columbia Lung Association, Vancouver, B.C.
* Canadian Cancer Society, Toronto, Ont.
Canadian Cancer Society, (Provincial Chapters)
* Canadian Lung Association, Ottawa, Ont.
Canadian Lung Association, (Provincial Chapters)
Cree Board of Health and Social Services of James Bay, Chisasibi, Que.
* Health and Welfare Canada, Ottawa, Ont.
Heart and Stroke Foundation of Canada, Ottawa, Ont.
Kahnawake Community Services, Kahnawake, Que.
* Kahnawake Resource Center, Kahnawake, Que.
Kateri Memorial Hospital, Kahnawake, Que.
* National Association of Friendship Centers, Ottawa, Ont.
* National Clearinghouse on Tobacco and Health, Ottawa, Ont.
Native Physicians Association of Canada, Ottawa, Ont.
* Pauktuutit, Inuit Women's Association, Ottawa, Ont.
* Union of Ontario Indians, Toronto, Ont.

2. Audio-Visual Materials

Videos

(The) Best for Baby and You
1990
Distributor: Cable Regina
Target audiences: Native peoples, teenagers, pregnant women.

Butt it Out (15 min)
Year: 1984
Distributor: Addiction Research Foundation
Target audiences: Children (elementary level)

o Voges Ernst, *Tobacco Encyclopedia* (extract) Tobacco Journal International; N.D. 363-369.

o Women's Health Clinic, Catching our Breath - A Journal about Change for Women who Smoke, Winnipeg, Manitoba, 1990.

o World Health Organization, It can be done, A Smoke-free Europe, Regional Office for Europe:6, Copenhagen, 1987.

* World Health Organization, Pushing Smoke, Tobacco Advertising and Promotion, Smoke-free Europe:8, Regional Office for Europe, Copenhagen, 1987.

*Paper, Jordon, Offering Smoke, The Sacred Pipe and Native American Religion, The University of Idaho Press, Moscow, Idaho, 1988.

*Paukuutit Inuit Women's Association of Canada, Inuit and Tobacco - Breathing Easy, A report under the National Inuit Tobacco Use Reduction Campaign, Ottawa, 1995.

Pendell Dale, Plant Powers, Poisons and Herbcraft, Mercury House, San Francisco, 1995.

*Peterson, James, S., "Smokeless Tobacco: A Product for the New Generation of oTobacco Users, Dipping and Chewing in the Northwest Territories, and its global relevance", *Arctic Medical Research,* 49, Supp. 2, 1990:32-38.

oProchaska, James, O. and Michael G. Goldstein, "Process of Smoking Cessation - Implications for Clinicians", *Clinics in Chest Medicine,* Vol. 112, No. 4, December 1991:727-735.

oRoemer, Ruth, "Options, strategies and priorities for Legislation to Control Smoking", *Arctic Medical Research,* 49, Suppl. 2; 1990:61-68.

Rutsch, Edward, S., Smoking Technology of the Aborigines of the Iroquois Area of New York State, Associated University Presses Inc., Cranberry, New Jersey, 1973.

Schissel, Catherine, "Traditional Tobacco Use in Plains Indian Societies", Report Commissioned by Canadian Cancer Society, Alberta, N.W.T. Division; Jan. 1994;

Stevenato & Associates, *Bonikan Cema (Leave Tobacco Alone)*, Tobacco Prevention and Cessation Project-Draft, Health Canada, 1996.

oTierra, Michael, "Healing Herbs - Tobacco: Native Blessing or Whiteman's Curse"; *Shaman's Drum;* Summer 1986; 56-58.

oTorabi, Mohammad, R. et al., "Cigarette Smoking as a Predictor of Alcohol and Other Drug Use by Children and Adolescents: Evidence of the 'Gateway Drug Effect'", *Journal of School Health,* Vol. 63, No. 7, Sept. 1993:302-305.

*oUnion of Ontario Indians, NASAWIN, Health & Welfare Canada, Ontario, 1992.

oU.S. Department of Health and Human Services, The Health Benefits of Smoking Cessation, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, DHHS Publication No. (CDC) 90-8416, 1990.

*o **Diary of a Teenage Smoker (26 min)**
Year: 1991
Distributor: Health and Welfare Canada
Target audiences: Youth, females, general public

* **(The) Feminine Mistake: The Next Generation** (30 min)
Year: 1989
Distributor: Omega Film Ltd.
Target audiences: Children, youth, general public

I am Joe's Lung: New Version (25 min)
Year: 1990
Distributor: Pyramid Films & Video
Target audiences: Children, youth, general public

*o **NASAWIN** (30 min)
Year: 1992
Distributor: Union of Ontario Indians
Target audiences: Native peoples, general public

* **Smart Women Don't Smoke** (12 min)
Year: 1990
Distributor: American Public Health Association
Target audiences: Youth, women, general public

* **Smoke Rings** (24 min)
Year: 1990
Distributor: American Public Health Association
Target audiences: Youth, women, general public

Smokeless Tobacco: It can snuff you out (16 min)
Year: 1986
Distributor: Omega Films Ltd.
Target audiences: Youth, children, males, general public

*o **Talking Circles - Smoking Cessation** (12 min)
Year: 1995
Distributor: Center for American Indian Research Education
Target audiences: Native smokers, general public

3. Guides

Smoking Cessation

*o Addiction Research Foundation, Stop Smoking Program, Facilitator's Guide, Ontario Ministry of Health, Health Promotion Branch, 1993

*o Canadian Cancer Society, Tobacco Reduction Educ-Kit for Canadian Cancer Society Health Promotion Volunteers, prepared by the Tobacco Reduction Working Group, October 1995.

o Department of Community Health, Montreal General Hospital, Yes, I Quit, Leader's Guide, D.S.C. Montreal, 1993.

*o Health and Welfare Canada, Diary of a Teenage Smoker, Facilitator's Guide, Health Canada, Ottawa, 1991.

*o Pauktuutit Inuit Women's Association of Canada, Inuit and Tobacco, A report under the National Inuit Tobacco Use Reduction Campaign, Ottawa, Ont. 1995.

o Women's Health Clinic, Catching our Breath: A Journal on Change for Women who smoke, Women's Health Clinic, Winnipeg, Manitoba, 1990.

General Resources on Tobacco

*o Health Canada, Tobacco Resource Material for Prenatal and Postpartum Providers: A Selected Inventory, Ministry of Supply and Services Canada, 1995.

*o National Clearinghouse of Tobacco and Health, Inventory of Tobacco - Specific Resource Material, Health Promotion Branch, Ontario Ministry of Health, Toronto, Ont. 1992.

*o The Ontario Prevention Clearinghouse, Smoking Cessation Resource Package, Ontario Prevention Clearinghouse, Toronto, Ont. 1992.

*o Health Canada, Tobacco Use cessation Programs: An Inventory of Self-Help and Group Programs, 1996 Update, Health Promotion Directorate, Ottawa, Ont., 1996.

The above guides are extremely useful sources of information. They include references to books, other guides, inventories of a variety of resources such as booklets, pamphlets, poster, buttons, videos, etc. In addition, they provide extensive lists of relevant organizations with addresses, phone numbers and source and cost of a variety of materials.

The four guides listed in this section are all accessible at NIICHRO's office in Kahnawake, Quebec.

Miscellaneous:

Many items such as posters, pamphlets, buttons, stickers, related to smoking are available at the Canadian Cancer Society offices throughout the country.

Posters designed for Native people can be obtained from Assembly of First Nations, Ottawa, Ont.; Union of Ontario Indians, Toronto, Ont.; Tobacco Control Education Program, Southern California Indian Center, Inc.

While the above references are by no means exhaustive, it is hoped that they will provide relevant and useful information for anyone wishing to learn more about the issue of tobacco and the means available to reduce the demand in Native communities.

M4243 Clay pipe with human effigy
motif Iroquois, Dawson Site, Montreal, Late 15th or early 16th Century.
Collection: McCord Museum of Canadian History, Montreal